UCLA/IBP MAPS Cloacal Swab Sampling Data Sheet

Contact Name_____ **MAPS Location**[1] _____

Band Number	Sample Vial Number	Maps Station[1]	Date	Species Code[1]	Age	Sex	Feather Pull	Comments

Example:

2310-66105	07N26201	VTRA	7/1/07	BHCO	5	F	Yes	Cloacal lesions

[1]Enter four-letter codes