LaMMNA Organization_____

Contact Name_____ **MAPS[1] Location[2]**_____

LaMMNA/UCLA Cloacal Swab Sampling Data Sheet

Band Number	Sample Vial Number	Station[2]	Date	Species Code[2]	Age	Sex	Feather Pull	Comments

Example:

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

[1]Only if your LaMMNA Organization is banding at a MAPS location. [2]Enter four-letter codes