

Suspicious Invasive Aquatic Organism Documentation Form (11/07)

Please fill out ALL information that applies and include this form with any specimen sent to MCIAP for identification. Attaching a map showing the location where the organism was collected may be useful. Mark organism with weighted buoy and obtain specimen. Fill out one form for each specimen collected, unless specimens were collected in the same location.

Please contact MCIAP prior to shipping or delivering. Thank you!

MCIAP • 24 Maple Hill Road, Auburn, ME 04210 • (207)783-7733 • vtmp@mainevtmp.org

Organism collected by: _____

Organism submitted by: _____

Section 1 Affiliation: _____ Mailing address: _____ Town: _____ St: _____ Zip: _____ Phone: _____ IPP: /IPPCert# _____ E-mail address: _____

Section 2 (IF DIFFERENT) Affiliation: _____ Mailing address: _____ Town: _____ St: _____ Zip: _____ Phone: _____ E-mail address: _____

Sample Information

Section 3 Date Collected: ___/___/___ Waterbody: _____ MIDAS: _____ Town: _____ County: _____

Have you contacted: MCIAP MDEP *If not please call MCIAP at 783-7733.*

Mail or Deliver Samples to: MCIAP, 24 Maple Hill Road Auburn, ME 04210

Date of contact ___/___/___ Name of contact: _____

Sample/Photo was: Mailed Delivered Emailed Date sent: ___/___/___

Check if specimen from a Courtesy Boat Inspection

Check if specimen collected in the waterbody

Section 4 Boat Entering Boat Leaving CBI Sample ID # _____ Name/location of boat launch: _____

Section 5 Was the organism alive when collected? Yes No Location where the specimen was collected: _____ Did you mark the location? Yes No Describe: _____ Map showing specimen location attached: Yes No

Staff Use Only

Section 6 Date specimen arrived: ___/___/___ Received by: _____ Sample identified by: _____ Affiliation: _____ Sample identification: _____ Date of ID: ___/___/___ Degree confidence (circle one): P H M L Invasive Aquatic Organism? (circle one): Y N S P Submitter contacted? _____ Date: ___/___/___ Further action(s) warranted: Yes No Action(s) Comp.

DATA ENTRY Record # _____ Entered By _____ Entry Date ___/___/___

Comments: _____