

ANATOMIC LOCATION CODES: Head(H) Neck(N) Eyes(E) Mouth(M) Carapace(C) Plastron(P) Tail(T) Vent(V) Front flipper - Right(R) Left(L) Rear flipper - Right(F) Left(G) All appendages(Y) Pectoral girdle(J) Pelvis(I) Mouth(O) Esophagus(Es) Stomach(St) Small intestine(Si) Colon(Co) Cloaca(Cl)	
EXTERNAL TRAUMA/EVIDENCE OF HUMAN INTERACTION: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> CBD <small>Enter anatomic codes after numbered entries; enter numbers by applicable descriptors in shaded areas</small>	
<input type="checkbox"/> 1-Parallel chop wounds____ <input type="checkbox"/> 2-Single linear/chop wound____ <input type="checkbox"/> 3-Blunt/crushing____ <input type="checkbox"/> 4-Amputation____ <input type="checkbox"/> 5-Entanglement-type____ <input type="checkbox"/> 6-Hook/line____ <input type="checkbox"/> 7-Bite wound____ <input type="checkbox"/> 8-Incised/mutilation____ <input type="checkbox"/> 9-Other____ <input type="checkbox"/> Hemorrhage____ <input type="checkbox"/> Exudate/fibrin____ <input type="checkbox"/> Partial healing____ <input type="checkbox"/> Completely healed____ <input type="checkbox"/> None____ <input type="checkbox"/> CBD____ <input type="checkbox"/> Coelom breached____ <input type="checkbox"/> Brain/spinal cord damaged____ <input type="checkbox"/> Lung exposed____ <input type="checkbox"/> Other organs exposed____	
Entangling/attached material: <input type="checkbox"/> Y <input type="checkbox"/> N Describe: _____ Saved? <input type="checkbox"/>	
OTHER EXTERNAL ANOMALIES: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> CBD <input type="checkbox"/> 10-Heavily encrusted w/ epibiota <input type="checkbox"/> 11-Leeches <input type="checkbox"/> 12-Gooseneck barnacles <input type="checkbox"/> 13-FP____ <input type="checkbox"/> 14-Ulceration/dermatitis____ <input type="checkbox"/> 15-Masses (non-FP or uncertain)____ <input type="checkbox"/> 16-Other____ <input type="checkbox"/> <5% surface affected____ <input type="checkbox"/> 10-25% affected____ <input type="checkbox"/> >25-50% affected____ <input type="checkbox"/> >50% affected____	
Comments: 	
MUSCLE STATUS: <input type="checkbox"/> Well-muscled/No atrophy <input type="checkbox"/> Mild to moderate atrophy <input type="checkbox"/> Severe atrophy <input type="checkbox"/> CBD FAT STATUS: <input type="checkbox"/> Abundant/No atrophy <input type="checkbox"/> Mild to moderate atrophy <input type="checkbox"/> Severe atrophy <input type="checkbox"/> CBD	
COELOM: <input type="checkbox"/> No findings <input type="checkbox"/> Exudate/fibrin <input type="checkbox"/> Blood clots <input type="checkbox"/> Encysted parasites <input type="checkbox"/> Organs/tissues pale <input type="checkbox"/> Other <input type="checkbox"/> CBD Comments:	
HEART & MAJOR VESSELS: <input type="checkbox"/> No findings <input type="checkbox"/> Abnormal <input type="checkbox"/> CBD Blood in heart chambers: <input type="checkbox"/> Y <input type="checkbox"/> N Comments:	
LIVER & GALL BLADDER: <input type="checkbox"/> No findings <input type="checkbox"/> Atrophy (shrunken, black) <input type="checkbox"/> Trauma <input type="checkbox"/> Other <input type="checkbox"/> CBD Comments:	
GI TRACT: <input type="checkbox"/> No findings <input type="checkbox"/> Abnormal <input type="checkbox"/> CBD <input type="checkbox"/> 17-Ulcers/exudate____ <input type="checkbox"/> 18-Trauma____ <input type="checkbox"/> 19-Internal FP____ <input type="checkbox"/> 20-Fluke eggs____ <input type="checkbox"/> 21-Impaction____ <input type="checkbox"/> 22-Obstruction____ <input type="checkbox"/> 23-Intussusception____ <input type="checkbox"/> 24-Plication____ <input type="checkbox"/> 25-Other____ <input type="checkbox"/> <5% affected____ <input type="checkbox"/> 5-25%____ <input type="checkbox"/> >25-50%____ <input type="checkbox"/> >50%____ <input type="checkbox"/> N/A	
Foreign material: <input type="checkbox"/> Y <input type="checkbox"/> N Describe: _____ Saved? <input type="checkbox"/>	
Esophagus: <input type="checkbox"/> Empty <input type="checkbox"/> Contents, describe: _____ Stomach: <input type="checkbox"/> Empty <input type="checkbox"/> Contents, describe: _____ Intestine (first 1/2): <input type="checkbox"/> Empty <input type="checkbox"/> Contents, describe: _____ Intestine (last 1/2): <input type="checkbox"/> Empty <input type="checkbox"/> Contents, describe: _____ Comments:	
UROGENITAL: <input type="checkbox"/> No findings <input type="checkbox"/> Abnormal <input type="checkbox"/> Internal FP <input type="checkbox"/> Other <input type="checkbox"/> CBD Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk Comments:	
RESPIRATORY: <u>Trachea/bronchi:</u> <input type="checkbox"/> No findings <input type="checkbox"/> Some froth <input type="checkbox"/> Copious froth <input type="checkbox"/> Sand/sediment <input type="checkbox"/> Exudate <input type="checkbox"/> CBD <u>Lungs:</u> <input type="checkbox"/> No findings <input type="checkbox"/> Wet/frothy <input type="checkbox"/> Trauma <input type="checkbox"/> Sand/sediment <input type="checkbox"/> Exudate <input type="checkbox"/> Internal FP <input type="checkbox"/> Other <input type="checkbox"/> CBD Comments:	
BRAIN & SPINAL CORD: <input type="checkbox"/> No findings <input type="checkbox"/> Trauma <input type="checkbox"/> Inflammation/exudate <input type="checkbox"/> Fluke eggs <input type="checkbox"/> Other <input type="checkbox"/> CBD Comments:	