

AUBURN UNIVERSITY
 DEPARTMENT OF FISHERIES AND ALLIED AQUACULTURES
 SOUTHEASTERN COOPERATIVE FISH GENETICS AND BREEDING PROJECT

PROJECT REQUEST FORM

AGENCY	
PERSON SUBMITTING	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE, FAX	
E-MAIL	
TYPE OF SAMPLE/NUMBER (check more than one if necessary)	<input type="checkbox"/> Whole fish/ <input type="checkbox"/> Muscle/ <input type="checkbox"/> Liver/ <input type="checkbox"/> Eye/ <input type="checkbox"/> Fin clips/ <input type="checkbox"/> Other/
SAMPLES PRESERVED?	<input type="checkbox"/> Ethanol <input type="checkbox"/> Dry Ice <input type="checkbox"/> Ice <input type="checkbox"/> L. Nitrogen <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C <input type="checkbox"/> Fridge <input type="checkbox"/> None
SHIPPING	<input type="checkbox"/> Alive <input type="checkbox"/> Ethanol <input type="checkbox"/> Dry Ice <input type="checkbox"/> Ice <input type="checkbox"/> Liquid Nitrogen <input type="checkbox"/> None
FISH SPECIES and QUANTITY (List them all if more than one)	
ANALYSIS TYPE	<input type="checkbox"/> Isozyme <input type="checkbox"/> mtDNA <input type="checkbox"/> Microsatellite <input type="checkbox"/> AFLP <input type="checkbox"/> I don't know
DATE and TIME COLLECTED	
COLLECTION SITE(S) (If more than one, attach the site list)	
COLLECTION SITE MAP	<input type="checkbox"/> Included <input type="checkbox"/> NOT included
WEIGHT AND LENGTH DATA	<input type="checkbox"/> Included <input type="checkbox"/> NOT included
OBJECTIVE What is the purpose of this project?	
JUSTIFICATION Why are you proposing this project? Describe the problem.	
DESIRABLE OUTCOME How will the results be used, implemented?	
OTHER INFORMATION On a separate sheet of paper Please	provide the names of major drainages, river systems and the river basins related to sampling site.
	provide a brief description of the site. Reservoir? Lake? Creek? River?
	provide a stocking history, including the types, numbers, and dates.
	provide any other related information