



Museum of Southwestern Biology
Division of Parasites Data Sheet
University of New Mexico

Collector(s): _____ Field #: _____

Host species: _____ DOA: Y N Sex: M F not known

Host identification #: _____

Date of Collection: _____ Date of Death: _____

Disposition of Host voucher: Discarded _____ Museum: _____ Other: _____

Country _____ State/Province _____ County/Province _____

Specific Locality _____

Latitude: _____ Longitude: _____ Error _____

Elevation: _____ Device/Method of Determination: _____

Examinations for Parasites – Please indicate methods of examination and method of preservation; also counts, growth stage, sex, specific location when determined.

Examined for Ectoparasites: Y__ N__ **Examiner:** _____ **Date:** _____ **Method**

(choose all that apply):

Visual exam _____ Fumigation/bag _____ Under scope _____ Incidental finding _____

Other _____ Explain: _____ Entire body surface examined? Y__ N__

Ectoparasites Found: Y__ N__ : _____

Examined for Endoparasites: Y__ N__

Examined for: (choose all that apply)

__ Cestodes (circle adult / larval) _____ Nematodes (adult / larval) _____ Trematodes (adult / larval)

__ Acanthocephala _____ Other (explain) _____

Body Cavity Examined: Y__ N__ : **Parasites Found:** Y__ N__ : _____

Lungs Examined: Y__ N__ : **Parasites Found:** Y__ N__ : _____

Liver Examined: Y__ N__ : **Parasites Found:** Y__ N__ : _____

Stomach Examined: Y__ N__ : **Parasites Found:** Y__ N__ : _____

Contents: _____ Contents Saved Y__ N__

Small Intestine Examined: Y__ N__ : **Parasites Found:** Y__ N__ :

Cestodes _____

Trematodes _____

Nematodes _____

Acanthocephalans _____

Cecum Examined: Y__ N__ : **Parasites Found:** Y__ N__ : _____

Large Intestine Examined Y__ N__ : **Parasites Found:** Y__ N__ : _____

Veins/arteries Examined Y__ N__ : **Parasites Found:** Y__ N__ : _____

Other _____

Describe Methods of Examination: _____

Other tests or exams:

Rabies Y__ N__: Method/Determiner/Date/Results: _____

Plasmodium: Y__ N__: Method/Determiner/Date/Results: _____

Hantavirus: Y__ N__: Method/Determiner/Date/Results: _____

Other _____: Method/Determiner/Date/Results: _____

REMARKS:

**** Don't forget to fill out habitat sheet for the collecting event (1 per collecting locality)**



Museum of Southwestern Biology
Division of Parasites Locality Data Sheet
University of New Mexico

Collector(s): _____ Event #: _____

Date/Time: _____

Country _____ State/Province _____ County/Province _____

Specific Locality _____

Latitude: _____ Longitude: _____ Error _____

Elevation: _____ Device/Method of Determination: _____

Aquatic / Terrestrial Weather: _____

Temperature: _____ Temperature (aquatic) _____

Aquatic description:

Terrestrial description:

Sample #'s of parasites associated with this collecting locality event:

What and how many taxa were collected:

Which and how many were infected and with what: