

Cod Guts Information Sheet

Attach this information sheet to the bagged (zip lock is fine) guts it refers to. Make sure the matching fish name/identifier is also on the bag in permanent ink so that we can easily match them up. Freeze the guts and give us a call for pick up, or drop off to MUN.

Date: _____

Location: _____

Name/Identifier: _____

Fish Length (please include units –inches or cm): _____

Date: _____

Location: _____

Name/Identifier: _____

Fish Length (please include units –inches or cm): _____

Date: _____

Location: _____

Name/Identifier: _____

Fish Length (please include units –inches or cm): _____

For pickup and/or questions, contact:
Jessica Melvin jmelvin@mun.ca 709-986-6744

Date: _____

Location: _____

Name/Identifier: _____

Fish Length (please include units –inches or cm): _____

Date: _____

Location: _____

Name/Identifier: _____

Fish Length (please include units –inches or cm): _____

Date: _____

Location: _____

Name/Identifier: _____

Fish Length (please include units –inches or cm): _____

Date: _____

Location: _____

Name/Identifier: _____

Fish Length (please include units –inches or cm): _____

For pickup and/or questions, contact:
Jessica Melvin jmelvin@mun.ca 709-986-6744