FISH/ INVERT SPECIMEN COLLECTION LABEL
West Coast Groundfish Observer Program
DOC/NOAA/NMFS/NWFSC/FRAMD
2032 SE OSU Newport, OR 97365
(use pencil ONLY!)

VESSEL NAME_____ TRIP NUMBER_____

HAUL NUMBER_____ DATE_____

SPECIES IDENTIFICATION_____

ENTERED AS_____

DEPTH(FM)_____ LENGTH(CM)_____

WEIGHT(LB)_____ SEX (if applicable)_____

OBSERVER NAME_____

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