



**WILDLIFE FORENSIC PROFICIENCY TESTING PROGRAM AGREEMENT**

**FOR TESTING YEAR 2018 FISH**

I, \_\_\_\_\_, conduct forensic wildlife analysis:

	at Laboratory	for Immediate Supervisor
<b>Name:</b>		
<b>Address:</b>		
<b>Phone:</b>		
<b>Email:</b>		

My capabilities allow me to conduct the following genetic analyses on the four fish species provided in the Wildlife Forensic Proficiency Testing Program:

FISH SPECIES PROVIDED IN TEST	Level of Identification (check the lowest taxonomic ID capability)			Sex Test (Y/N)	Individual Typing (Y/N)
	Family	Genus	Species		
<i>Carcharhinus brevipinna</i>					
<i>Oncorhynchus kisutch</i>					
<i>Pylodictis olivaris</i>					
<i>Thunnus atlanticus</i>					

I agree to the terms of the Wildlife Forensic Proficiency Testing Program Charter and authorize the Wildlife Forensic Proficiency Test Review Board to send the results of the Consensus Report to my supervisor listed above. I have also consulted with the appropriate management personnel at my agency or institution and have received any necessary authorizing signatures to participate in the peer review process inherent in the Proficiency Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail original signed and dated agreement to:  
 Doina Voin ([Doina.Voin@fws.gov](mailto:Doina.Voin@fws.gov))  
 National Fish and Wildlife Forensic Laboratory  
 1490 East Main Street Ashland, OR 97520  
 Fax: 541-482-4989  
 Phone: 541-482-4191