



WILDLIFE FORENSIC PROFICIENCY TESTING PROGRAM AGREEMENT

FOR TESTING YEAR 2019 MAMMALS

I, _____, conduct forensic wildlife analysis:

	at Laboratory	for Immediate Supervisor
Name:		
Address:		
Phone:		
Email:		

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

MAMMAL 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>Ursus americanus</i>					
<i>Cervus canadensis</i>					
<i>Odocoileus virginianus</i>					
<i>Odocoileus hemionus</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)
 National Fish and Wildlife Forensic Laboratory
 1490 East Main Street Ashland, OR 97520
 Fax: 541-482-4989
 Phone: 541-482-4191