(1)

Event ID (database): _____

Validation Date: _____ Initials: _____

MTBAP DATA FORM

Basking In-water

TURTLE # of Day / MOTOTOOL #: HI 148

Species (circle one): (Cm) Ei Lo Cc Dc

Sex (circle one): F M (U)

Observer Names/Initials: Harvino

Date (MM/DD/YY): 4/23/26

Platform/Method: hand capture

Handling Start Time (24hr format): _____

Capture Location Region: Hawaii MHI Island/Atoll: HI Area: Kaho Site: Zone=A

Garmin ID (last 4 digits): _____ LAT(dd): 19.671700 Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG(dd): -156.026118 Water Depth: _____ m

Straight Carapace Length (SCL):	63.9	cm
Straight Carapace Width (SCW):	52.5	cm
Curved Carapace Length (CCL):	68.0	cm
Curved Carapace Width (CCW):	63.0	cm
Plastron Straight Length (PSL):	51.0	cm
Total Tail Length:	15.5	cm
Tail length (Plastron to Cloaca):	10.5	cm
Mass:	34.0	kg

SAMPLES COLLECTED? (None) Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ (other)

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New (Affix new LH PIT tag ID label here)

_____ RH New (Affix new RH PIT tag ID label here)

Location	Status	PIT/Metal Flipper Tag #											
LH	New	9	7	0	A	3	B	0	A	2	A		
LH	old	9	7	0	C	5	4	0	D	5	2		
RH	old	9	7	0	8	-	H						
LH	old metal	9	2	9	-	H							
RH	old	9	2	9	-	H							
RH	Old	982.00	0	3	1	2	3	4	5	6	7	8	

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project (circle one): MITT NBG MTBAP Tag Type (circle one): Package Satellite (GPS/Argos) Archival (TDR) Acoustic (Sonic/VHF)

Tag Brand (circle one): Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type (circle one): Two-part Epoxy Fiberglass _____ (Other)

Pre-release Checklist

- _____ Mototool # applied
- _____ Turtle ID (# of day, metal, PIT recorded)
- _____ Measurements recorded
- _____ Sat tag PTT ID recorded, switched ON
- _____ Epoxy/Paint are dry
- _____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- _____ Location of capture/release recorded
- _____ Photos

Release Time (24hr format): _____

Area/Site: _____

Garmin ID (last 4 digits): _____ GPS Waypoint #: _____

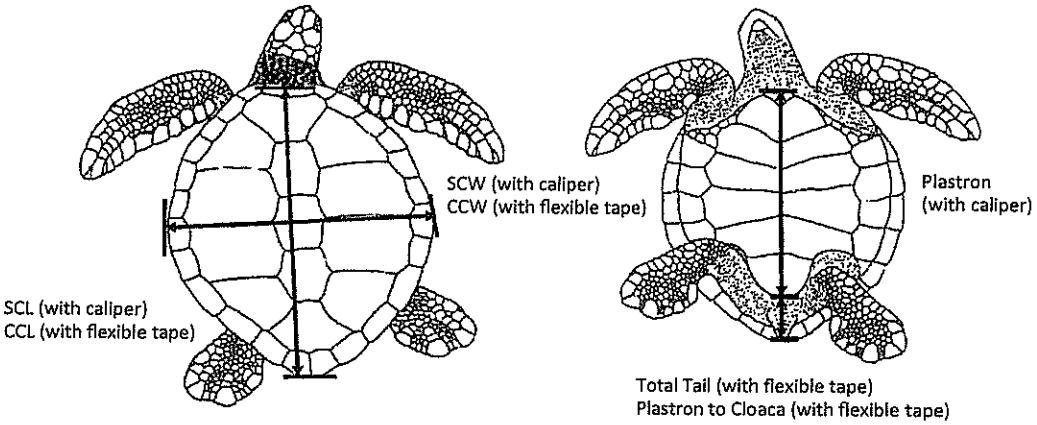
LAT(dd): _____

LONG(dd): _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

1

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: 0 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)*: 0 1 2 3 U

dditional Procedures Performed *(circle all that apply)*:

Ultrasound Lavage Laparoscopy

Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

facial photo taken

omments:

Mass: Box + Turtle 39.6
− Box 5.6
34.0

39.6 w/ box

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(2)

MTBAP DATA FORM

Basking In-water

Event ID (database): _____

Validation Date: _____ Initials: _____

TURTLE # of Day / MOTOTOOL #: H 153

Species *(circle one)*: (Cm) Ei Lo Cc Dc Sex *(circle one)*: F M (U)

Observer Names/Initials: Haruno Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: hand **Handling Start Time** *(24hr format)*: '

Capture Location *Region*: _____ *Island/Atoll*: _____ *Area*: Kaho *Site*: Zone A

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL):	51.7	cm
Straight Carapace Width (SCW):	43.3	cm
Curved Carapace Length (CCL):	53.5	cm
Curved Carapace Width (CCW):	51.5	cm
Plastron Straight Length (PSL):	41.9	cm
Total Tail Length:	12.5	cm
Tail length (Plastron to Cloaca):	8.5	cm
Mass:	18.4	kg

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
LH	*New*	--	--	--	--	--	P	I	9	9	9	9	
LH	old	4	C	3	B	4	3	7	B	6	A		
RH	old	4	C	3	D	2	5	7	4	1	7		
LH	OLD	549-D											
RH	OLD	982.00	550D3										
RH	*Old*				1	2	3	4	5	6	7	8	

***Tag Location:** Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH)* ***Tag Status:** newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF)*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- _____ Mototool # applied
- _____ Turtle ID (# of day, metal, PIT recorded)
- _____ Measurements recorded
- _____ Sat tag PTT ID recorded, switched ON
- _____ Epoxy/Paint are dry
- _____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- _____ Location of capture/release recorded
- _____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

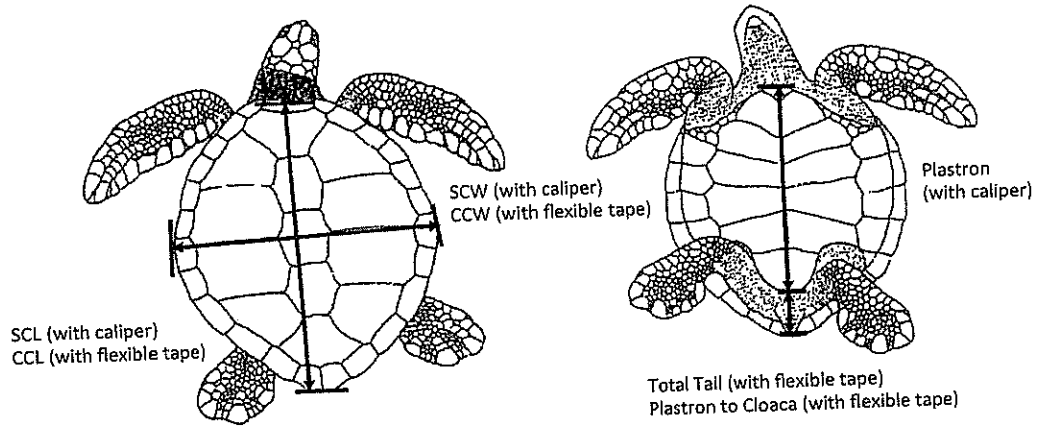
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

2

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: (0) 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)*: (0) 1 2 3 U

.dditional Procedures Performed *(circle all that apply)*:

Jltrasound Lavage Laparoscopy

Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

:omments:

Mass: Box + Turtle 24.0
− Box 5.6
18.4

10 3 10
840
5.6
184

facial LH 5490
taken RH 5500
Metal Tags

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(3)

Event ID (database): _____

Validation Date: _____ Initials: _____

MTBAP DATA FORM

Basking In water

TURTLE # of Day / MOTOTOOL #: H 150

Species *(circle one)*: Cm Ei Lo Cc Dc

Sex *(circle one)*: F M U

Observer Names/Initials: Harvino

Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: _____ **Handling Start Time** *(24hr format)*: _____

Capture Location *Region*: _____ *Island/Atoll*: _____ *Area*: Kaho *Site*: Zone A

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL): 61.7 cm

Straight Carapace Width (SCW): 49.6 cm

Curved Carapace Length (CCL): 66.5 cm

Curved Carapace Width (CCW): 59.5 cm

Plastron Straight Length (PSL): 51.5 cm

Total Tail Length: 15.5 cm

Tail length (Plastron to Cloaca): 10.5 cm

Mass: 37.8 kg

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #
LH	New	982000 4 0 6 1 3 2 4 5 5
RH	old	982000 0 4 0 6 1 3 3 0 2 7
LH	Metal old	5 4 2 D
RH	Old	982.00 5 4 0 4 3 D

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF)*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- ____ Mototool # applied
- ____ Turtle ID (# of day, metal, PIT recorded)
- ____ Measurements recorded
- ____ Sat tag PTT ID recorded, switched ON
- ____ Epoxy/Paint are dry
- ____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- ____ Location of capture/release recorded
- ____ Photos

Release Time *(24hr format)*: _____

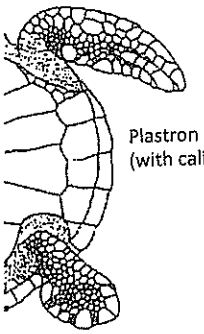
Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!



Plastron (with caliper)

ible tape)
(with flexible tape)

2 3 4

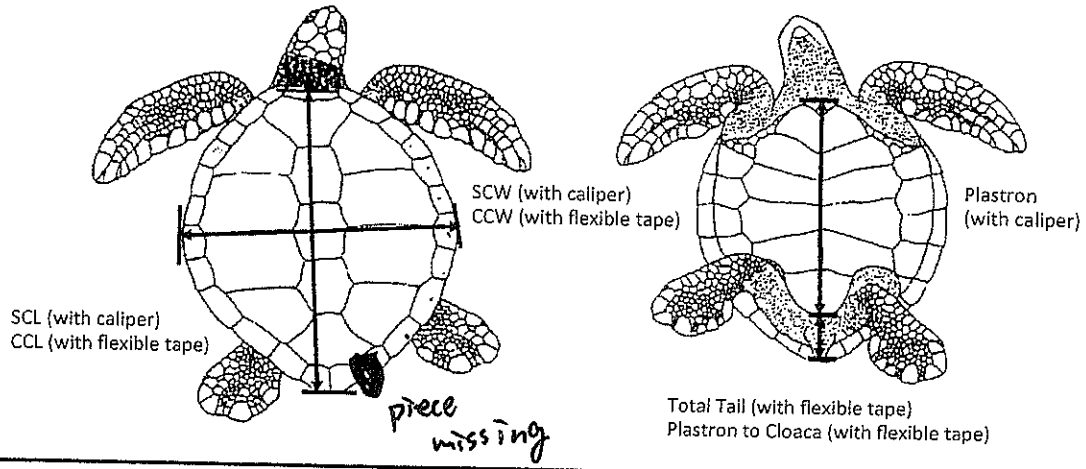
Total: _____ mL

Right Shoulder: _____ mL

). Thank You!

3

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: (0) 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

Emaciation Code *(circle one)*: (0) 1 2 3 U

Additional Procedures Performed *(circle all that apply)*:

Ultrasound Lavage Laparoscopy

Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

Comments: 3.10 ~~#~~3. w/ box facial taken

6.8

37.8

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(4)

Event ID (database): _____

MTBAP DATA FORM

Basking In-water

Validation Date: _____ Initials: _____

TURTLE # of Day / MOTOTOOL #: 223

Species *(circle one)*: (Cm) Ei Lo Cc Dc

Sex *(circle one)*: F M (U)

Observer Names/Initials: Hanuna

Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: _____

Handling Start Time *(24hr format)*: _____

Capture Location *Region*: _____ *Island/Atoll*: _____ *Area*: kaho *Site*: Zone A

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL): 51.9 cm

Straight Carapace Width (SCW): 44.2 cm

Curved Carapace Length (CCL): 55.0 cm

Curved Carapace Width (CCW): 49.0 cm (49.0)

Plastron Straight Length (PSL): 43.6 cm

Total Tail Length: 12.5 cm

Tail length (Plastron to Cloaca): 9.0 cm

Mass: 18.0 kg

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
LH	New	--	--	--	--	--	P	I	9	9	9	9	
LH	old	PI	6	0	5	8							
RH	old	PI	6	0	5	7							
LH	old	985113	0	0	8	3	1	6	3	1	2		
RH	old	985113	0	0	8	3	1	6	2	7	4		
RH	Old	982.00	0	3	1	2	3	4	5	6	7	8	

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF)*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- ____ Mototool # applied
- ____ Turtle ID (# of day, metal, PIT recorded)
- ____ Measurements recorded
- ____ Sat tag PTT ID recorded, switched ON
- ____ Epoxy/Paint are dry
- ____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- ____ Location of capture/release recorded
- ____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

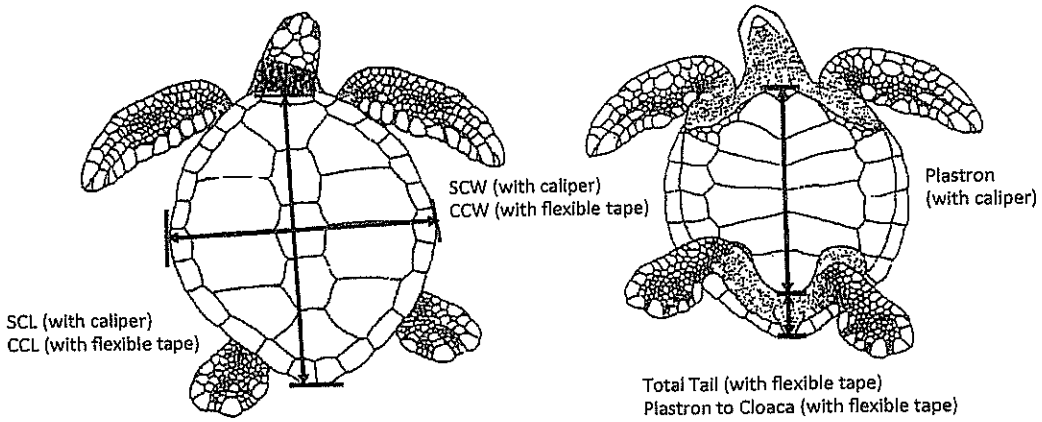
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

4

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: 0 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)*: 0 1 2 3 U

dditional Procedures Performed *(circle all that apply)*:

Jltrasound Lavage Laparoscopy Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

omments:

Mass: Box + Turtle _____
– Box 18.0 lbs w/o box

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(5)

Event ID (database): _____

MTBAP DATA FORM

Basking In-water

Validation Date: _____ Initials: _____

TURTLE # of Day / MOTOTOOL #: H 154

Species *(circle one)*: (Cm) Ei Lo Cc Dc

Sex *(circle one)*: F M (U)

Observer Names/Initials: Haruno

Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: _____

Handling Start Time *(24hr format)*: _____

Capture Location *Region*: _____ *Island/Atoll*: _____ *Area*: Kaho *Site*: Zone A

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL):	53.1	cm
Straight Carapace Width (SCW):	43.5	cm
Curved Carapace Length (CCL):	58.0	cm
Curved Carapace Width (CCW):	52.0	cm
Plastron Straight Length (PSL):	45.6	cm
Total Tail Length:	13.0	cm
Tail length (Plastron to Cloaca):	8.5	cm
Mass:	21.4	kg

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
LH	New												
LH	old	98200	0	3	6	4	9	8	9	1	1	6	
RH	old	98200	0	3	6	4	9	0	4	6	8	0	
LH	old	5	9	2	D								
RH	old	5	9	3	D								
RH	Old	982.00	0	3	1	2	3	4	5	6	7	8	

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF)*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- _____ Mototool # applied
- _____ Turtle ID (# of day, metal, PIT recorded)
- _____ Measurements recorded
- _____ Sat tag PTT ID recorded, switched ON
- _____ Epoxy/Paint are dry
- _____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- _____ Location of capture/release recorded
- _____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

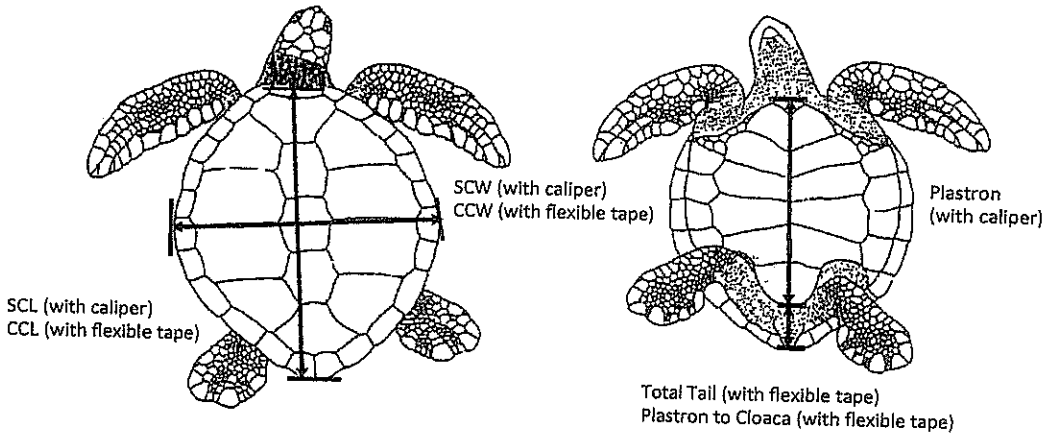
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

5

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: (0) 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

naciation Code *(circle one)*: 0 (1) 2 3 U

ddditional Procedures Performed *(circle all that apply)*:

Ultrasound Lavage Laparoscopy

Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

omments:

Mass: Box + Turtle 26.4
− Box 5.0
21.4 ← w/o box

~~Allegie~~ in mouth
Algae

Facial taken

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(b)

MTBAP DATA FORM

Basking (H) In-water

Event ID (database): _____

Validation Date: _____ *Initials:* _____

TURTLE # of Day / MOTOTOOL #: 217

Species *(circle one)*: (Cm) Ei Lo Cc Dc Sex *(circle one)*: F M (U)

Observer Names/Initials: Haruno Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: _____ **Handling Start Time** *(24hr format)*: _____

Capture Location *Region:* _____ *Island/Atoll:* _____ *Area:* Kaho *Site:* Zone B

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL): 61.7 cm

Straight Carapace Width (SCW): 51.0 cm

Curved Carapace Length (CCL): 67.5 cm

Curved Carapace Width (CCW): 61.5 cm

Plastron Straight Length (PSL): 49.8 cm

Total Tail Length: 13.0 cm

Tail length (Plastron to Cloaca): 5.0 cm

Mass: 31.2 ~~30.6~~ kg

Cloaca

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
		--	--	--	--	--	P	I	9	9	9	9	
LH	old		4	4	5	2	1	C	3	0	5	1	
RH	old		4	4	5	4	3	7	1	4	5	0	
RH		PI	6	0	9	7							
LH		PT	6	0	9	6							
RH	Old	982.00	0	3	1	2	3	4	5	6	7	8	

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) Tag Status: newly applied tag (New), already present tag (Old)

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF)*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- _____ Mototool # applied
- _____ Turtle ID (# of day, metal, PIT recorded)
- _____ Measurements recorded
- _____ Sat tag PTT ID recorded, switched ON
- _____ Epoxy/Paint are dry
- _____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- _____ Location of capture/release recorded
- _____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

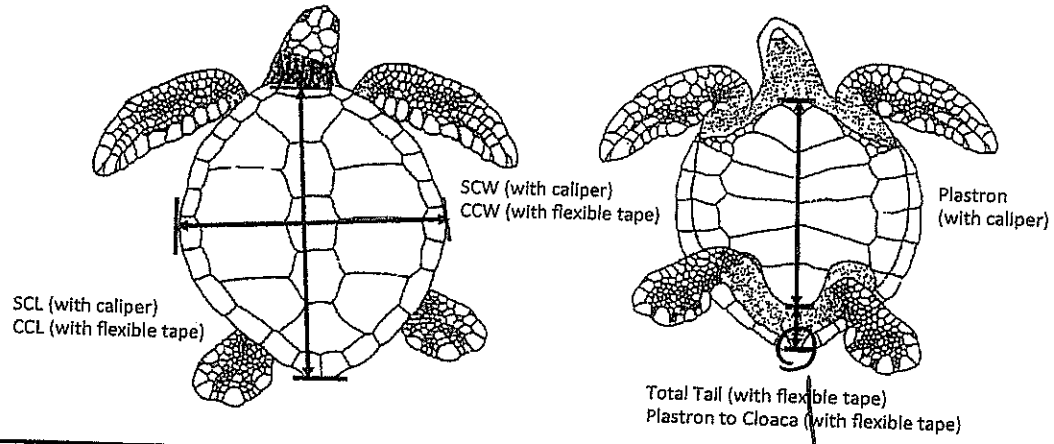
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

6

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: (0) 1 2 3 U

Scar tissue
photo taken of Cl

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)*: (0) 1 2 3 U

dditional Procedures Performed *(circle all that apply)*:

Ultrasound Lavage Laparoscopy

Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

omments:

Mass: Box + Turtle 36.6

– Box 5.4

~~36.6~~ w/ box

31.2

has 2 metal tag
but Unreadable
due to orientation

facial taken

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(7)

MTBAP DATA FORM

Basking In-water (circled)

Event ID (database): _____

Validation Date: _____ Initials: _____

TURTLE # of Day / MOTOTOOL #: H 281

Species *(circle one)*: Cm Ei Lo Cc Dc

Sex *(circle one)*: F M U

Observer Names/Initials: Harnno

Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: _____

Handling Start Time *(24hr format)*: _____

Capture Location *Region*: _____ *Island/Atoll*: _____ *Area*: Kaho *Site*: Zone A

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL):	56.8	cm
Straight Carapace Width (SCW):	43.0	cm
Curved Carapace Length (CCL):	61.0	cm
Curved Carapace Width (CCW):	53.0	cm
Plastron Straight Length (PSL):	45.5	cm
Total Tail Length:	13.0	cm
Tail length (Plastron to Cloaca):	8.0	cm
Mass:	22.0	kg

SAMPLES COLLECTED? None (Skin) Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials 2 Skin Location L & R Shoulder

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

982 000 407 597 263 *(Affix new LH PIT tag ID label here)* _____ LH New

982 000 407 598 589 *(Affix new RH PIT tag ID label here)* _____ RH New

Location	Status	PIT/Metal Flipper Tag #
LH	New	982 007 867 6H P 1 9 9 9 9
RH	New	982 007 867 7H
RH	Old	982.00 0 3 1 2 3 4 5 6 7 8

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF,*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- ____ Mototool # applied
- ____ Turtle ID (# of day, metal, PIT recorded)
- ____ Measurements recorded
- ____ Sat tag PTT ID recorded, switched ON
- ____ Epoxy/Paint are dry
- ____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- ____ Location of capture/release recorded
- ____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

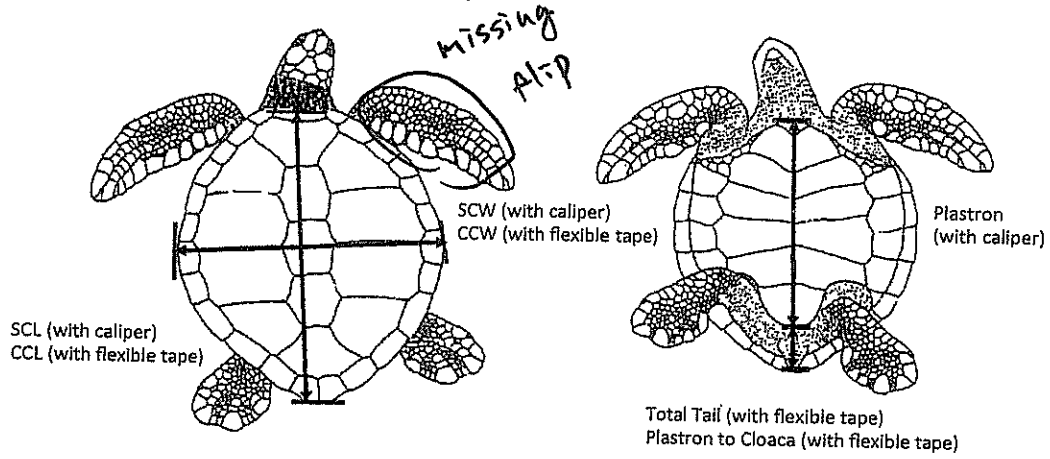
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

7

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: (0) 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)*: 0 (1) 2 3 U

dditional Procedures Performed *(circle all that apply)*:

Ultrasound Lavage Laparoscopy

Tetracycline Injection Total: 2.6 mL
Left Shoulder: 1.3 mL Right Shoulder: 1.3 mL

omments:

Mass: Box + Turtle 27.8
− Box 5.8
22.0

facial photo taken

Right front flipper amputated but healed

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

MTBAP DATA FORM

Basking In-water

Event ID (database): _____

Validation Date: _____ Initials: _____

TURTLE # of Day / MOTOTOOL #: H 209

Species *(circle one)*: Cm Ei Lo Cc Dc

Sex *(circle one)*: F M U

Observer Names/Initials: Haruno

Date *(MM/DD/YY)*: 4/23/25

Platform/Method: _____

Handling Start Time *(24hr format)*: _____

Capture Location *Region*: _____ *Island/Atoll*: _____ *Area*: Kaho *Site*: Zone B

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL): 58.0 cm

Straight Carapace Width (SCW): 47.6 cm

Curved Carapace Length (CCL): 62.5 cm

Curved Carapace Width (CCW): 57.0 cm

Plastron Straight Length (PSL): 45.7 cm

Total Tail Length: 14.5 cm

Tail length (Plastron to Cloaca): 10.0 cm

Mass: 25.2 ~~15.2~~ kg

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
LH	New												
LH	old	4	B	1	C	4	B	6	C	4	0	9	
RH	old	4	B	0	B	3	F	5	C	4	2		
LH	old	PI	6	0	F	6							
RH	old	PI	6	0	7	7							
RH	Old	982.00	0	3	1	2	3	4	5	6	7	8	

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF)*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- ____ Mototool # applied
- ____ Turtle ID (# of day, metal, PIT recorded)
- ____ Measurements recorded
- ____ Sat tag PTT ID recorded, switched ON
- ____ Epoxy/Paint are dry
- ____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- ____ Location of capture/release recorded
- ____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

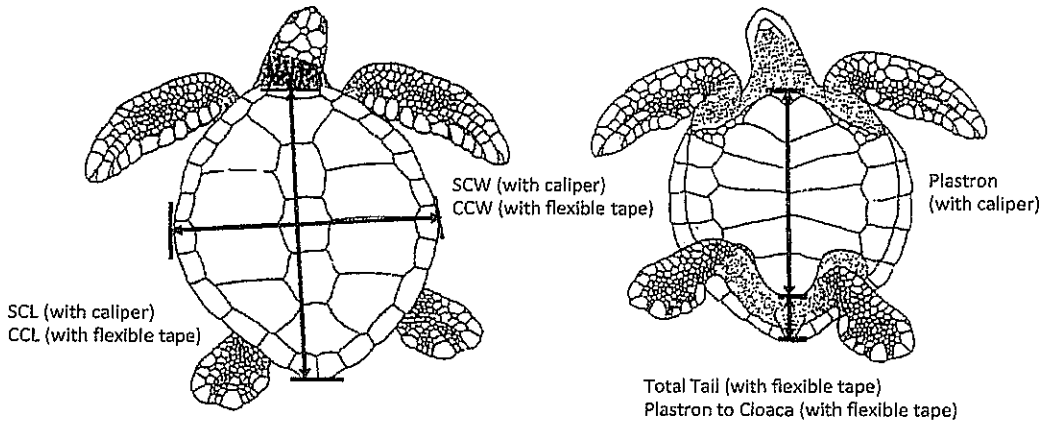
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

8

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: (0) 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

naciation Code *(circle one)*: (0) 1 2 3 U

dditional Procedures Performed *(circle all that apply)*:

ltrasound Lavage Laparoscopy Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

omments:

facial photo taken

Mass: Box + Turtle 30.2

– Box 5.0

15.2

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(9)

MTBAP DATA FORM

Basking In-water

Event ID (database): _____

Validation Date: _____ *Initials:* _____

TURTLE # of Day / MOTOTOOL #: H 146

Species *(circle one)*: (Cm) Ei Lo Cc Dc Sex *(circle one)*: F M (U)

Observer Names/Initials: Haruno Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: SCOOP **Handling Start Time** *(24hr format)*: '

Capture Location *Region*: _____ *Island/Atoll*: _____ *Area*: Kaho *Site*: Zone B

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL):	60.0	cm
Straight Carapace Width (SCW):	48.7	cm
Curved Carapace Length (CCL):	64.5	cm
Curved Carapace Width (CCW):	58.5	cm
Plastron Straight Length (PSL):	48.2	cm
Total Tail Length:	13.5	cm
Tail length (Plastron to Cloaca):	9.0	cm
Mass:	28.8	kg

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New _____ RH New

(Affix new LH PIT tag ID label here) *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
LH	New	7	3	3	–	H	P	I	9	9	9	9	
RH	old	7	3	2	H								
LH	old	98200	0	4	0	5	7	7	6	1	2	4	
RH	old	98200	0	4	0	7	3	4	0	5	9	7	
RH	Old	982.00	0	3	1	2	3	4	5	6	7	8	

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) Tag Status: newly applied tag (New), already present tag (Old)

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF,*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- ____ Mototool # applied
- ____ Turtle ID (# of day, metal, PIT recorded)
- ____ Measurements recorded
- ____ Sat tag PTT ID recorded, switched ON
- ____ Epoxy/Paint are dry
- ____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- ____ Location of capture/release recorded
- ____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

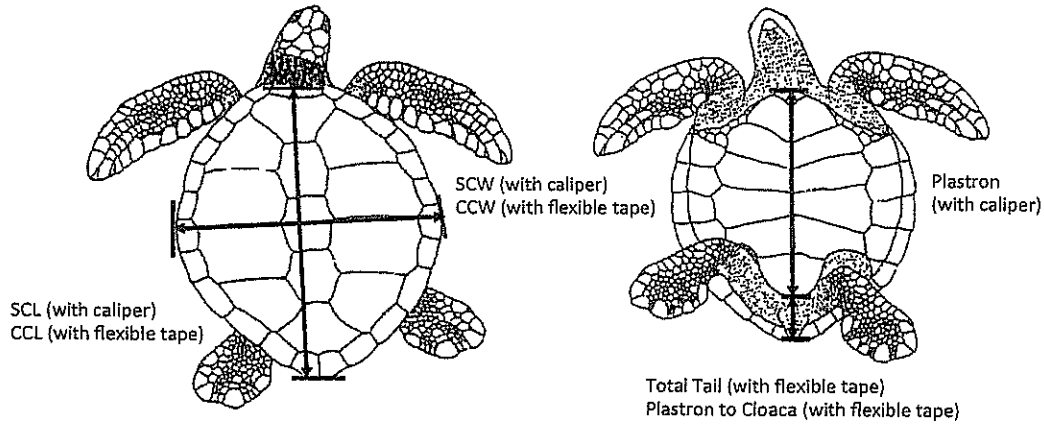
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

9

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: 0 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)*: 0 1 2 3 U

dditional Procedures Performed *(circle all that apply)*:

Ultrasound Lavage Laparoscopy Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

omments:

Mass: Box + Turtle 34.0 w/ box

− Box 5.2 box

2 3 10

28.8

RH metal unreadable

Facial photo taken

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(10) (9)

MTBAP DATA FORM

Basking In-water

Event ID (database): _____

Validation Date: _____ Initials: _____

TURTLE # of Day / MOTOTOOL #: H 69

Species *(circle one)*: (Cm) Ei Lo Cc Dc

Sex *(circle one)*: F M (U)

Observer Names/Initials: Haruno

Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: Scoop net

Handling Start Time *(24hr format)*: _____

Capture Location *Region*: _____ *Island/Atoll*: _____ *Area*: Kaho *Site*: Zone B

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL):	55.1	cm
Straight Carapace Width (SCW):	46.0	cm
Curved Carapace Length (CCL):	58.5	cm
Curved Carapace Width (CCW):	54.0	cm
Plastron Straight Length (PSL):	43.0	cm
Total Tail Length:	15.0	cm
Tail length (Plastron to Cloaca):	10.5	cm
Mass:	(22.2) 22.2	kg

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
LH	New	982.00	0	3	6	4	2	8	9	9	9	4	1
RH	old	982.00	0	3	6	4	2	8	3	7	4	9	
LH	old	PI	6	0	8	8							
RH	old	PI	6	0	8	9							
RH	Old	982.00	0	3	1	2	3	4	5	6	7	8	

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF,*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- ____ Mototool # applied
- ____ Turtle ID (# of day, metal, PIT recorded)
- ____ Measurements recorded
- ____ Sat tag PTT ID recorded, switched ON
- ____ Epoxy/Paint are dry
- ____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- ____ Location of capture/release recorded
- ____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

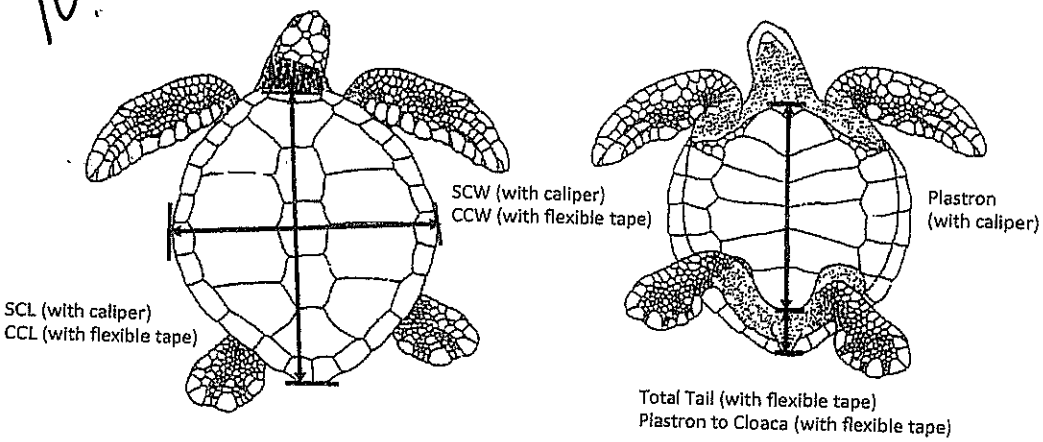
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

10.

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: (0) 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

naciation Code *(circle one)*: (0) 1 2 3 U

ddditional Procedures Performed *(circle all that apply)*:

Ultrasound Lavage Laparoscopy

Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

omments:

H 69 ♂

Mass: Box + Turtle 27.8
− Box 5.6

Allogle in mouth

22.2

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(11)

Event ID (database): _____

Validation Date: _____ Initials: _____

MTBAP DATA FORM

Basking (In-water)

TURTLE # of Day / MOTOTOOL #: H 214

Species *(circle one)*: (Cm) Ei Lo Cc Dc

Sex *(circle one)*: F M (U)

Observer Names/Initials: Haruno

Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: Scoop

Handling Start Time *(24hr format)*: _____

Capture Location *Region*: _____ *Island/Atoll*: _____ *Area*: Kaho *Site*: Zone A

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL):	60.6	cm	
Straight Carapace Width (SCW):	49.0	cm	
Curved Carapace Length (CCL):	65.0	cm	
Curved Carapace Width (CCW):	57.5	cm	
Plastron Straight Length (PSL):	50.5	cm	
Total Tail Length:	14.0	cm	
Tail length (Plastron to Cloaca):	9.5	cm	
Mass:	32.0	kg	

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
LH	New	4	C	3	C	5	E	4	4	3	0		
RH	old	4	C	3	D	2	5	6	E	1	B		
LH	old	PI	6	0	8	4							
RH	old	PI	6	0	8	5							
RH	Old	982.00	0	3	1	2	3	4	5	6	7	8	

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF)*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- _____ Mototool # applied
- _____ Turtle ID (# of day, metal, PIT recorded)
- _____ Measurements recorded
- _____ Sat tag PTT ID recorded, switched ON
- _____ Epoxy/Paint are dry
- _____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- _____ Location of capture/release recorded
- _____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

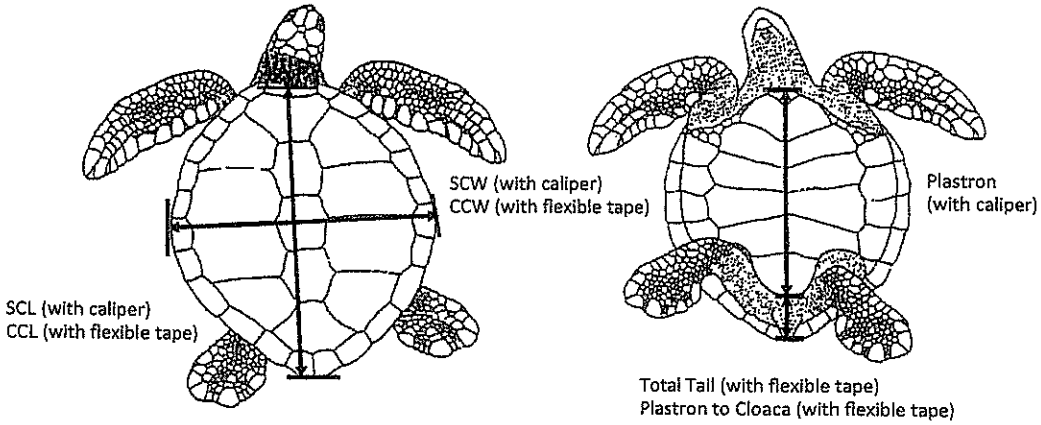
Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: (0) 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)*: (0) 1 2 3 U

.dditional Procedures Performed *(circle all that apply)*:

JItrasound Lavage Laparoscopy Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

:omments:

Mass: Box + Turtle 38.4
− Box 6.4
32.0

Allegedly in mouth

facial taken photo

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(12)

MTBAP DATA FORM

Basking In-water

Event ID (database): _____

Validation Date: _____ Initials: _____

TURTLE # of Day / MOTOTOOL #: H 213

Species *(circle one)*: (Cm) Ei Lo Cc Dc Sex *(circle one)*: F M (U)

Observer Names/Initials: Haruno Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: SCOOP **Handling Start Time** *(24hr format)*: _____

Capture Location *Region*: _____ *Island/Atoll*: _____ *Area*: Kaho *Site*: Zone B

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL):	46.2	cm
Straight Carapace Width (SCW):	35.9	cm
Curved Carapace Length (CCL):	49.0	cm
Curved Carapace Width (CCW):	41.5	cm
Plastron Straight Length (PSL):	38.0	cm
Total Tail Length:	10.0	cm
Tail length (Plastron to Cloaca):	5.5	cm
Mass:	13.3	kg

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
LH	New	old	985	113	0	0	8	3	1	9	9	9	9
RH	old	985	113	0	0	8	3	1	6	2	8	9	
LH	old	P1	6	0	8	8	3	1	6	2	6	2	
RH	old	P1	6	0	8	2							
RH	Old	982.00	0	3	1	3	2	3	4	5	6	7	8

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF,*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- ____ Mototool # applied
- ____ Turtle ID (# of day, metal, PIT recorded)
- ____ Measurements recorded
- ____ Sat tag PTT ID recorded, switched ON
- ____ Epoxy/Paint are dry
- ____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- ____ Location of capture/release recorded
- ____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

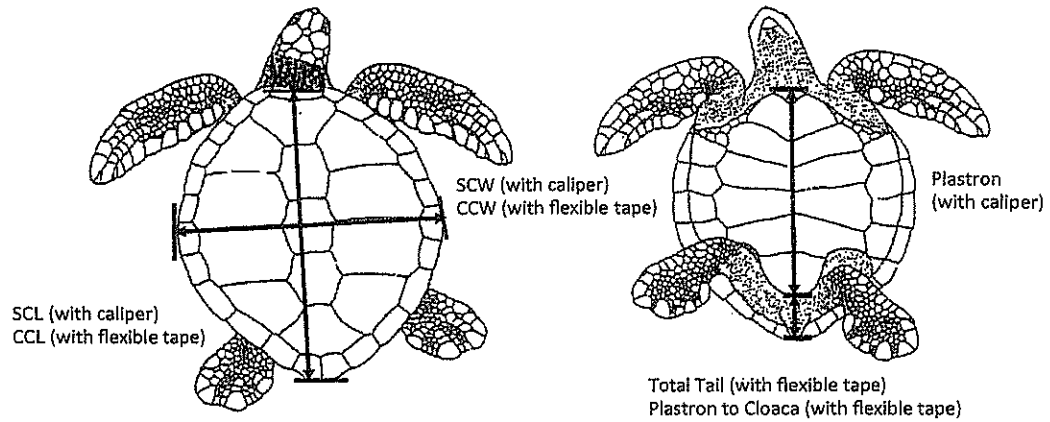
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

12

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: (0) 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)*: (0) 1 2 3 U

.dditional Procedures Performed *(circle all that apply)*:

JItrasound Lavage Laparoscopy Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

:omments:

Mass: Box + Turtle 18.6
– Box 5.3

13.3

Allgae in mouth
facial photo taken

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(13)

254

MTBAP DATA FORM

Basking In-water

Event ID (database): _____

Validation Date: _____ Initials: _____

TURTLE # of Day / MOTOTOOL #: H254

Species *(circle one)*: (Cm) Ei Lo Cc Dc

Sex *(circle one)*: F M (U)

Observer Names/Initials: Haruno

Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: Nemd

Handling Start Time *(24hr format)*: _____

Capture Location *Region*: _____ *Island/Atoll*: HI *Area*: Kaho *Site*: Zone B

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL):	53.9	cm
Straight Carapace Width (SCW):	42.5	cm
Curved Carapace Length (CCL):	56.5	cm
Curved Carapace Width (CCW):	49.0	cm
Plastron Straight Length (PSL):	42.1	cm
Total Tail Length:	12.0	cm
Tail length (Plastron to Cloaca):	8.5	cm
Mass:	19.4	kg

42.5

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
LH	New	L	1	1	1	--	P	1	9	9	9	9	
RH	old	L	1	1	2								
LH	old	98200	0	4	0	7	5	9	7	0	7	4	
RH	old	98200	0	4	0	7	5	9	7	2	3	5	
RH	Old	982.00	0	3	1	2	3	4	5	6	7	8	

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF,*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- ____ Mototool # applied
- ____ Turtle ID (# of day, metal, PIT recorded)
- ____ Measurements recorded
- ____ Sat tag PTT ID recorded, switched ON
- ____ Epoxy/Paint are dry
- ____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- ____ Location of capture/release recorded
- ____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

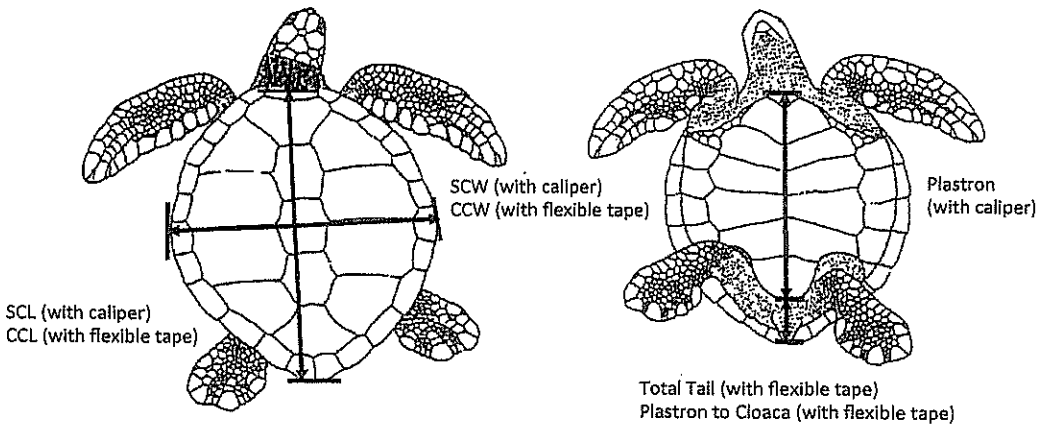
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

13

Draw any abnormalities below:



Overall Tumor Score *(circle one)* (0) 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)* (0) 1 2 3 U

.dditional Procedures Performed *(circle all that apply)*:

Jltrasound Lavage Laparoscopy

Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

:omments:

Mass: Box + Turtle 24.8
− Box 5.4

facial taken

19.4

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(14)

MTBAP DATA FORM

Basking (In-water)

Event ID (database): _____
Validation Date: _____ Initials: _____

TURTLE # of Day / MOTOTOOL #: H 253

Species *(circle one)*: (Cm) Ei Lo Cc Dc Sex *(circle one)*: F M (U)

Observer Names/Initials: Sammy S Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: _____ **Handling Start Time** *(24hr format)*: _____

Capture Location *Region*: _____ *Island/Atoll*: _____ *Area*: Kaho *Site*: Zone B

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL):	44.5	cm
Straight Carapace Width (SCW):	35.1	cm
Curved Carapace Length (CCL):	47.0	cm
Curved Carapace Width (CCW):	40.5	cm
Plastron Straight Length (PSL):	35.2	cm
Total Tail Length:	11.0	cm
Tail length (Plastron to Cloaca):	6.5	cm
Mass:	11.0	kg

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
LH	New	--	--	--	--	--	P	1	9	9	9	9	
LH	Old	98511	3	0	8	8	3	1	6	2	6	1	
RH	Old	98511	3	0	0	8	3	1	6	2	2	9	
RH	Old	L	1	0	9								
RH	Old	982.00	0	3	1	2	3	4	5	6	7	8	

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF)*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- ____ Mototool # applied
- ____ Turtle ID (# of day, metal, PIT recorded)
- ____ Measurements recorded
- ____ Sat tag PTT ID recorded, switched ON
- ____ Epoxy/Paint are dry
- ____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- ____ Location of capture/release recorded
- ____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

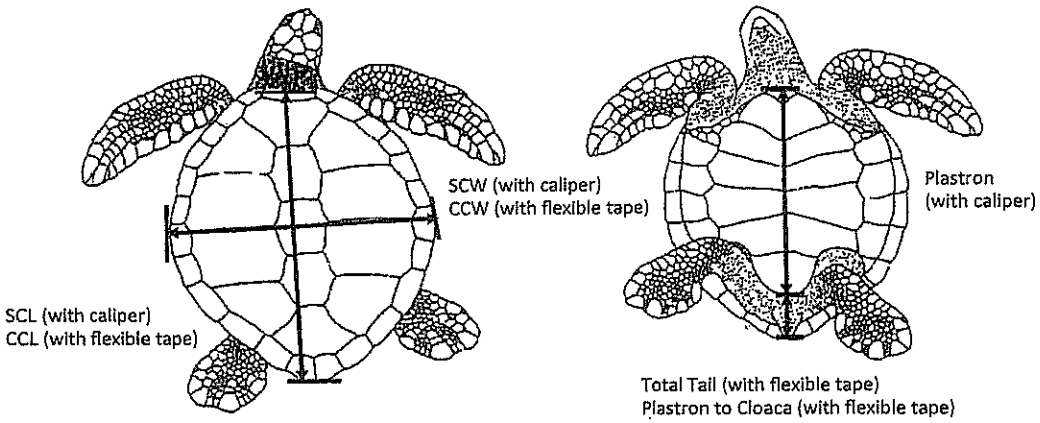
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

14

Draw any abnormalities below:



Overall Tumor Score *(circle one)* (0) 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)*: (0) 1 2 3 U

.dditional Procedures Performed *(circle all that apply)*:

Jltrasound Lavage Laparoscopy Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

:omments:

Mass: 1L Box + Turtle 16.4
Box 5.4

11kg

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(15)

MTBAP DATA FORM

Basking (In-water)

Event ID (database): _____

Validation Date: _____ Initials: _____

TURTLE # of Day / MOTOTOOL #: #251

Species *(circle one)*: (Cm) Ei Lo Cc Dc Sex *(circle one)*: F M (U)

Observer Names/Initials: Haruno Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: _____ **Handling Start Time** *(24hr format)*: _____

Capture Location *Region*: _____ *Island/Atoll*: _____ *Area*: Kaho *Site*: Zone A

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL):	56.7	cm
Straight Carapace Width (SCW):	44.4	cm
Curved Carapace Length (CCL):	60.0	cm
Curved Carapace Width (CCW):	54.5	cm
Plastron Straight Length (PSL):	45.1	cm
Total Tail Length:	13.0	cm
Tail length (Plastron to Cloaca):	9.5	cm
Mass:	23.4	kg

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker.** Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
LH	New	--	--	--	--	--	P	1	9	9	9	9	9
RH	old	98200	0	3	6	4	8	9	7	6	1	2	
LH	old	98200	1	3	6	4	9	9	8	6	4	1	
RH	New	L	1	0	3								
	Old	7	8	8	H								
RH		982.00	0	3	1	2	3	4	5	6	7	8	

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF,*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- ____ Mototool # applied
- ____ Turtle ID (# of day, metal, PIT recorded)
- ____ Measurements recorded
- ____ Sat tag PTT ID recorded, switched ON
- ____ Epoxy/Paint are dry
- ____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- ____ Location of capture/release recorded
- ____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

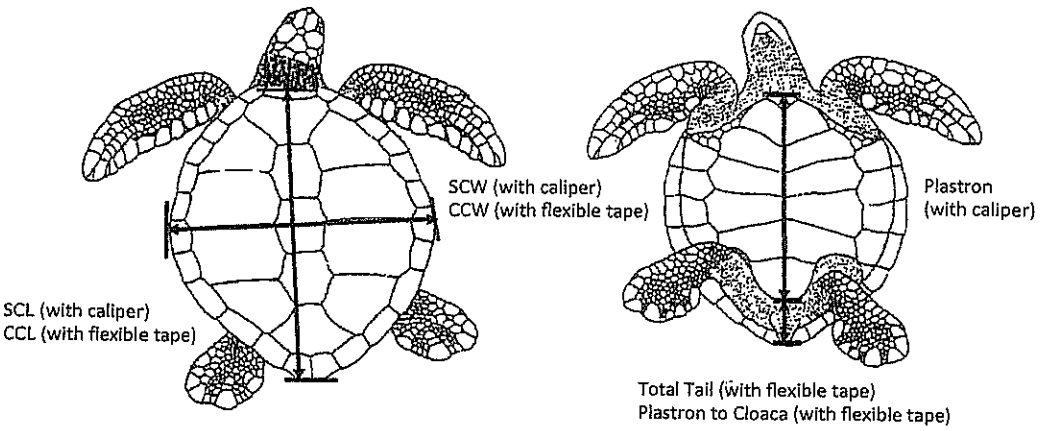
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

15

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: (0) 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)*: (0) 1 2 3 U

.dditional Procedures Performed *(circle all that apply)*:

Jltrasound Lavage Laparoscopy

Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

:omments:

Mass: Box + Turtle 28.6
− Box 5.2
23.4

Algae in mouth

Right Metal is missing
↓
~~Bone~~ put New Metal tag

~~Algae in mouth~~

facial photo taken

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(16)

MTBAP DATA FORM

Basking (In-water)

Event ID (database): _____

Validation Date: _____ *Initials:* _____

TURTLE # of Day / MOTOTOOL #: H 212

Species *(circle one):* (Cm) Ei Lo Cc Dc Sex *(circle one):* F M (U)

Observer Names/Initials: Harano Date *(MM/DD/YY):* 4/23/'25

Platform/Method: _____ **Handling Start Time** *(24hr format):* _____

Capture Location *Region:* _____ *Island/Atoll:* _____ *Area:* Kaho *Site:* Zone B

Garmin ID *(last 4 digits):* _____ LAT*(dd):* _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd):* _____ Water Depth: _____ m

Straight Carapace Length (SCL):	53.7 cm
Straight Carapace Width (SCW):	42.3 cm
Curved Carapace Length (CCL):	58.0 cm
Curved Carapace Width (CCW):	50.0 cm
Plastron Straight Length (PSL):	42.6 cm
Total Tail Length:	12.5 cm
Tail length (Plastron to Cloaca):	8.5 cm
Mass:	21.0 kg

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
LH	New	-- 98200	-- 0	-- 3	-- 6	-- 3	9	3	2	8	6	6	
RH	old	98200	0	3	6	3	9	5	3	9	8	2	
LH	old	PI	6	0	9	4							
RH	old	PI	6	0	9	5							
RH	Old	982.00	0	3	1	2	3	4	5	6	7	8	

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one):* MITT NBG MTBAP Tag Type *(circle one):* Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF,*

Tag Brand *(circle one):* Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one):* Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- ____ Mototool # applied
- ____ Turtle ID (# of day, metal, PIT recorded)
- ____ Measurements recorded
- ____ Sat tag PTT ID recorded, switched ON
- ____ Epoxy/Paint are dry
- ____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- ____ Location of capture/release recorded
- ____ Photos

Release Time *(24hr format):* _____

Area/Site: _____

Garmin ID *(last 4 digits):* _____ GPS Waypoint #: _____

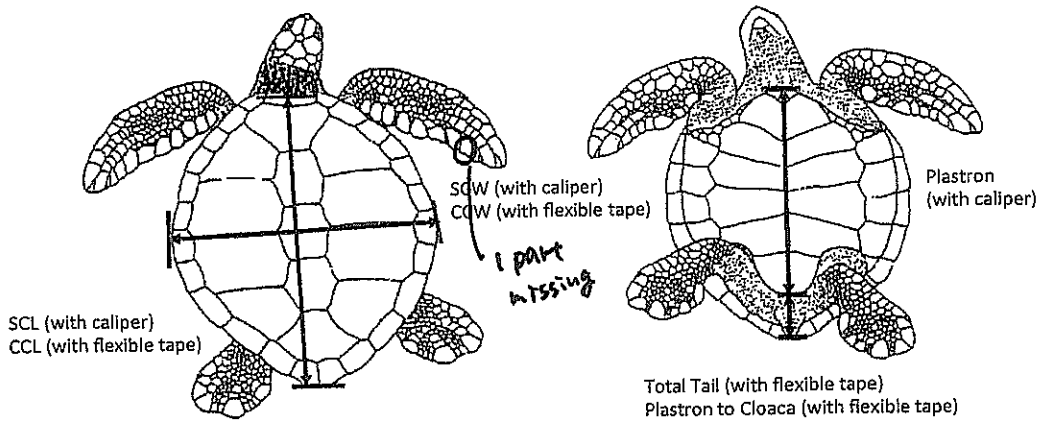
LAT*(dd):* _____

LONG*(dd):* _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

16

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: (0) 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)* (0) 1 2 3 U

.dditional Procedures Performed *(circle all that apply)*:

Jltrasound Lavage Laparoscopy Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

:omments: facial photo taken

Mass: Box + Turtle 26.8
− Box 5.8

21.0

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(17)

MTBAP DATA FORM

Basking In-water

Event ID (database): _____

Validation Date: _____ Initials: _____

TURTLE # of Day / MOTOTOOL #: H 144

Species *(circle one)*: Cm Ei Lo Cc Dc

Sex *(circle one)*: F M U

Observer Names/Initials: Haruno

Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: hand capture

Handling Start Time *(24hr format)*: '

Capture Location Region: _____ Island/Atoll: _____ Area: Kaho Site: Zone B

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Plastron (with caliper)

Straight Carapace Length (SCL):	55.3	cm
Straight Carapace Width (SCW):	44.5	cm
Curved Carapace Length (CCL):	59.5	cm
Curved Carapace Width (CCW):	53.5	cm
Plastron Straight Length (PSL):	42.6	cm
Total Tail Length:	11.5	cm
Tail length (Plastron to Cloaca):	7.0	cm
Mass:	21.4	kg

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
LH	New	98.2	000	4	0	6	1	3	2	7	6	8	
LH	old	982	000	4	0	6	1	3	1	7	4	2	
LH	old	7	3	7	H								
RH	old	7	3	6	H								
RH	Old	982.00	0	3	1	2	3	4	5	6	7	8	

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF,*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- ____ Mototool # applied
- ____ Turtle ID (# of day, metal, PIT recorded)
- ____ Measurements recorded
- ____ Sat tag PTT ID recorded, switched ON
- ____ Epoxy/Paint are dry
- ____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- ____ Location of capture/release recorded
- ____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

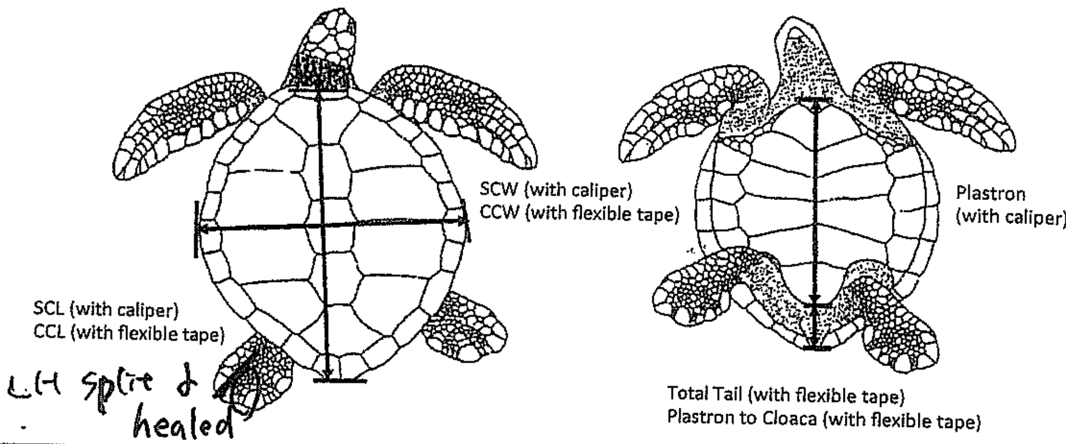
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

17

Draw any abnormalities below:



9.0cm Deep

Overall Tumor Score *(circle one)*: (0) 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)*: (0) 1 2 3 U

dditional Procedures Performed *(circle all that apply)*:

Jltrasound Lavage Laparoscopy Tetracycline Injection Total: _______ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

omments:

Mass: Box + Turtle 26.6
− Box 5.2

21.4

~~Allegre~~ in mouth
Algae

facial taken

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(18)

(H 152)

MTBAP DATA FORM

Basking In-water

Event ID (database): _____

Validation Date: _____ Initials: _____

TURTLE # of Day / MOTOTOOL #: H 152

Species *(circle one)*: (Cm) Ei Lo Cc Dc Sex *(circle one)*: F M (U)

Observer Names/Initials: Haruno Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: hand capture **Handling Start Time** *(24hr format)*: '

Capture Location *Region*: _____ *Island/Atoll*: _____ *Area*: Kaho *Site*: Zone B

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL):	55.5	cm
Straight Carapace Width (SCW):	46.6	cm
Curved Carapace Length (CCL):	60.5	cm
Curved Carapace Width (CCW):	54.5	cm
Plastron Straight Length (PSL):	44.4	cm
Total Tail Length:	12.0	cm
Tail length (Plastron to Cloaca):	6.5	cm
Mass:	23.4	kg

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
LH	New	--	--	--	--	--	P	1	9	9	9	9	
LH	old	982	000	1	6	7	8	2	8	9	0	7	
RH	old	982	000	4	0	6	1	3	6	2	6	1	
LH	old	5	4	8	-	D							
RH	old	5	4	7	-	D							
RH	Old	982.00	0	3	1	2	3	4	5	6	7	8	

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF,*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- ____ Mototool # applied
- ____ Turtle ID (# of day, metal, PIT recorded)
- ____ Measurements recorded
- ____ Sat tag PTT ID recorded, switched ON
- ____ Epoxy/Paint are dry
- ____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- ____ Location of capture/release recorded
- ____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

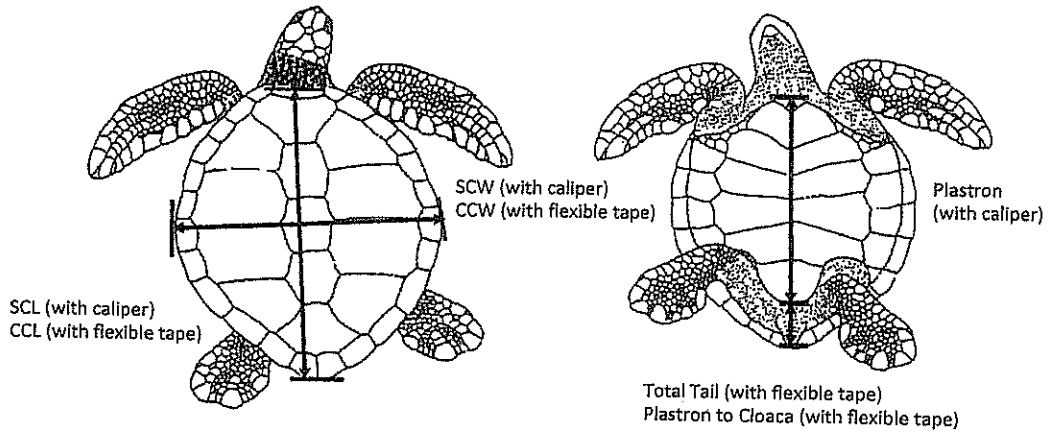
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

18

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: 0 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)*: 0 1 2 3 U

.dditional Procedures Performed *(circle all that apply)*:

Jltrasound Lavage Laparoscopy Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

:omments:

Mass: Box + Turtle 29.6 fecal taken
− Box 6.2

23.4

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(9)

Event ID (database): _____

MTBAP DATA FORM

Basking In-water

Validation Date: _____ Initials: _____

TURTLE # of Day / MOTOTOOL #: H 282

Species *(circle one)*: (Cm) Ei Lo Cc Dc

Sex *(circle one)*: F M (U)

Observer Names/Initials: Haruno

Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: hand capture

Handling Start Time *(24hr format)*: _____

Capture Location *Region*: _____ *Island/Atoll*: _____ *Area*: Kalio *Site*: Zone B

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL):	56.8	cm
Straight Carapace Width (SCW):	44.1	cm
Curved Carapace Length (CCL):	61.0	cm
Curved Carapace Width (CCW):	53.5	cm
Plastron Straight Length (PSL):	46.0	cm
Total Tail Length:	13.5	cm
Tail length (Plastron to Cloaca):	9.0	cm
Mass:	24.6	kg

SAMPLES COLLECTED? None (Skin) Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials 2 Skin Location L&R Shoulder

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #										
LH	New											
LH	old	4	C	3	C	6	5	0	6	2	2	
RH	old	4	5	2	A	4	F	5	8	7	5	
LH	New	7	8	9	H							
RH	New	7	9	0	H							
RH	Old	982.0	0	3	1	2	3	4	5	6	7	8

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF)*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- ____ Mototool # applied
- ____ Turtle ID (# of day, metal, PIT recorded)
- ____ Measurements recorded
- ____ Sat tag PTT ID recorded, switched ON
- ____ Epoxy/Paint are dry
- ____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- ____ Location of capture/release recorded
- ____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

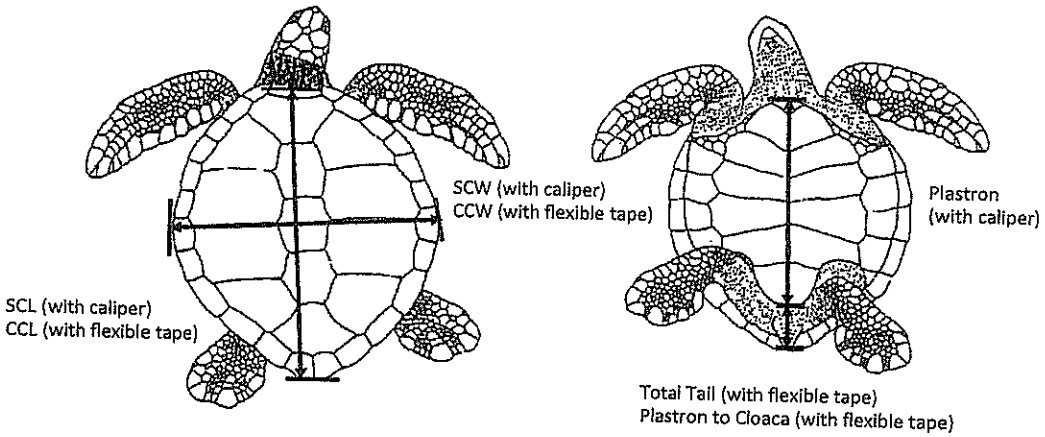
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

19

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: 0 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)*: 0 1 2 3 U

.dditional Procedures Performed *(circle all that apply)*:

Jltrasound Lavage Laparoscopy Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

:omments:

Mass: Box + Turtle 29.6
− Box 5.0

24.6

Allegie in mouth
No metal tag when caught
facial photo taken

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(20)

MTBAP DATA FORM

Basking (In-water)

Event ID (database): _____

Validation Date: _____ Initials: _____

TURTLE # of Day / MOTOTOOL #: H 145

Species *(circle one)*: (Cm) Ei Lo Cc Dc

Sex *(circle one)*: F M (U)

Observer Names/Initials: Haruno

Date *(MM/DD/YY)*: 4/23/25

Platform/Method: hand capture

Handling Start Time *(24hr format)*: _____

Capture Location *Region*: _____ *Island/Atoll*: _____ *Area*: Kaho *Site*: Zone B

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

Straight Carapace Length (SCL):	56.7	cm
Straight Carapace Width (SCW):	41.6	cm
Curved Carapace Length (CCL):	60.5	cm
Curved Carapace Width (CCW):	51.0	cm
Plastron Straight Length (PSL):	44.7	cm
Total Tail Length:	12.5	cm
Tail length (Plastron to Cloaca):	8.5	cm
Mass:	19.8	kg

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
LH	New	982	000	4	0	6	1	3	3	0	8	3	
RH	old	982	000	4	0	6	1	3	1	8	8	4	
LH	old	7	3	5	H								
RH	old	7	3	4	H								
RH	Old	982.00	0	3	1	2	3	4	5	6	7	8	

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF,*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- _____ Mototool # applied
- _____ Turtle ID (# of day, metal, PIT recorded)
- _____ Measurements recorded
- _____ Sat tag PTT ID recorded, switched ON
- _____ Epoxy/Paint are dry
- _____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- _____ Location of capture/release recorded
- _____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

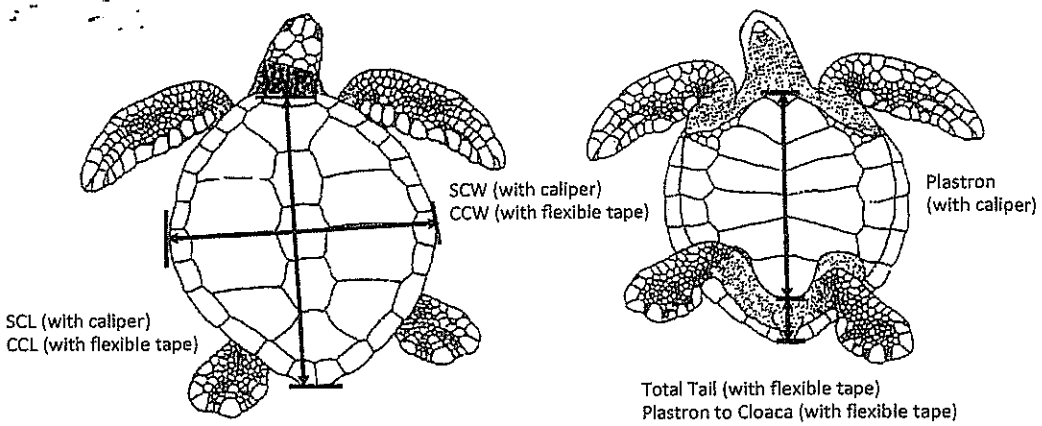
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

20

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: (0) 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)*: (0) 1 2 3 U

.dditional Procedures Performed *(circle all that apply)*:

Jltrasound Lavage Laparoscopy Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

:omments:

Mass: Box + Turtle 25.0

− Box 5.2

0.10
+ 4.10
28.0
5.2
9.8

1.10
DF: 0.10
5.2
19.8

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!

(21)

MTBAP DATA FORM

Basking In-water

Event ID (database): _____

Validation Date: _____ Initials: _____

TURTLE # of Day / MOTOTOOL #: H 149

Species *(circle one)*: (Cm) Ei Lo Cc Dc Sex *(circle one)*: F M (U)

Observer Names/Initials: Harmo Date *(MM/DD/YY)*: 4/23/'25

Platform/Method: hand capture **Handling Start Time** *(24hr format)*: _____

Capture Location *Region*: _____ *Island/Atoll*: _____ *Area*: Kaho *Site*: Zone B

Garmin ID *(last 4 digits)*: _____ LAT*(dd)*: _____ Water Temp: ___ °C Air Temp: ___ °C

GPS Waypoint #: _____ LONG*(dd)*: _____ Water Depth: _____ m

liper)

Straight Carapace Length (SCL):	51.7 cm
Straight Carapace Width (SCW):	43.0 cm
Curved Carapace Length (CCL):	55.5 cm
Curved Carapace Width (CCW):	50.0 cm
Plastron Straight Length (PSL):	41.2 cm
Total Tail Length:	12.0 cm
Tail length (Plastron to Cloaca):	7.5 cm
Mass:	18.2 kg

SAMPLES COLLECTED? None Skin Scute Tumor Blood Diet

FreezerWorks ID #: _____ Initials: _____

*Label each vial with **sample type** and attach **left PIT tag ID sticker**. Without a sticker, label sample type, date, flipper tag #, location, and species.*

# of Skin Vials _____ Skin Location _____

# of Scute Vials _____ Scute Location _____

# of Tumor Vials _____ Tumor Location _____

Blood Collection Time: _____ # Tubes: _____

Volume: _____ mL Preservative: Na/Hep _____ *(other)*

Tube Type/Size: Glass Plastic 2 mL 6 mL 10 mL

Flipper Tags (2 Types)

_____ LH New *(Affix new LH PIT tag ID label here)*

_____ RH New *(Affix new RH PIT tag ID label here)*

Location	Status	PIT/Metal Flipper Tag #											
		--	--	--	--	--	P	I	9	9	9	9	
LH	New	982	000	4	0	7	3	4	0	8	7	5	
RH	old	983	000	4	0	7	3	3	7	4	5	6	
RH	old	7	2	7	–	H							
LH	old	7	2	6	–	H							
RH	Old	982.00	0	3	1	2	3	4	5	6	7	8	

Tag Location: Right Front Flipper (RF), Left Front Flipper (LF), Right Hind (RH), Left Hind (LH) *Tag Status: newly applied tag (New), already present tag (Old)*

Biotelemetry Tag

Project *(circle one)*: MITT NBG MTBAP Tag Type *(circle one)*: Package Satellite *(GPS/Argos)* Archival *(TDR)* Acoustic *(Sonic/VHF)*

Tag Brand *(circle one)*: Wildlife Computers Telonics Desert Star Systems Lotek

Model: _____ Serial #: _____ PTT #: _____

Attachment Type *(circle one)*: Two-part Epoxy Fiberglass _____ *(Other)*

Pre-release Checklist

- _____ Mototool # applied
- _____ Turtle ID (# of day, metal, PIT recorded)
- _____ Measurements recorded
- _____ Sat tag PTT ID recorded, switched ON
- _____ Epoxy/Paint are dry
- _____ Check saltwater switches are clear, free from epoxy, paint, tape removed
- _____ Location of capture/release recorded
- _____ Photos

Release Time *(24hr format)*: _____

Area/Site: _____

Garmin ID *(last 4 digits)*: _____ GPS Waypoint #: _____

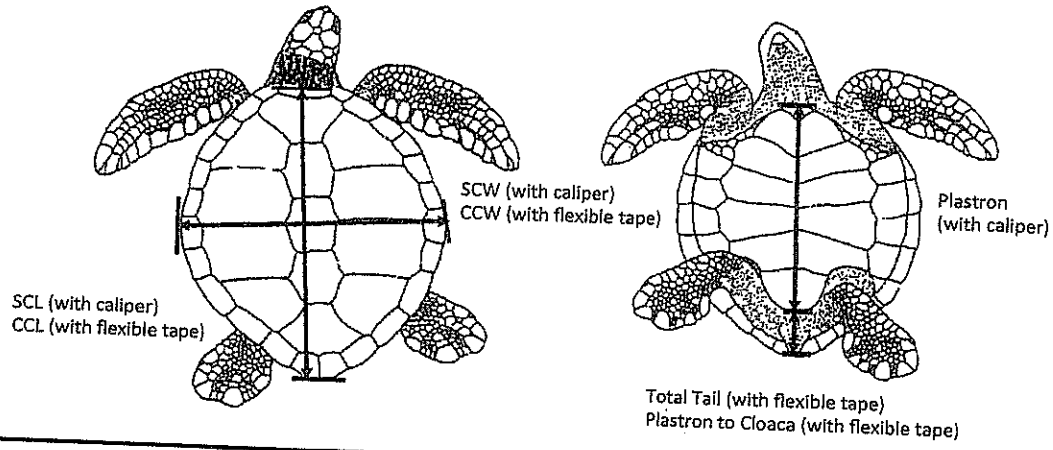
LAT*(dd)*: _____

LONG*(dd)*: _____

Important Data. If found, please return to Todd.Jones@noaa.gov or 808-725-5713. Thank You!

21

Draw any abnormalities below:



Overall Tumor Score *(circle one)*: (0) 1 2 3 U

Size:	1	2	3	4
Left eye				
Right eye				
Neck				
Glottis/Tongue				
Other Mouth				
Jaw hinge				

Size:	1	2	3	4
Right FF				
Left FF				
Right HF				
Left HF				
Tail/Cloaca				
Seam/Scute				

maciation Code *(circle one)* (0) 1 2 3 U

dditional Procedures Performed *(circle all that apply)*:

Jltrasound Lavage Laparoscopy Tetracycline Injection Total: _____ mL

Left Shoulder: _____ mL Right Shoulder: _____ mL

omments:

Allegie in mouth

Mass: Box + Turtle 23.6

– Box 5.4

facial taken

110
23.6
5.4
18.2

Important Data. If found, please return to Summer.Martin@noaa.gov or 808-725-5750. Thank You!