FIBROPAPILLOMA DOCUMENTATION FORM

Please complete for every turtle exhibiting fibropapillomas and submit with the STSSN report form.

Observer:	Stranding Date:
Stranding Number by Day: Specie	es:
Please select sites where tumors are present:	
Left Eye Right Eye	Inside Mouth Neck
Base Front Flippers Base Rear Flippers	Along Front Flippers Along Rear Flippers
Around Tail On Carapace	On Plastron Other
2. How many fibropapillomas are less than 1 cm in diameter? (select one)	
0 01 - 5 greater than 5	
3. How many fibropapillomas are between 1 cm and 4 cm in diameter? (select one)	
0 01 - 5 greater than 5	
4. How many fibropapillomas are between 4 cm and 10 cm in diameter? (select one)	
0 01 - 3 greater than 3	
5. How many fibropapillomas are greater than 10 cm? (select one)	
0 01 - 3 greater than 3	
6. Do you believe that vision was blocked by fibropapillomas? (select all that apply)	
No Yes, in Left Eye	es, in Right Eye Yes, in Both Eyes
7. Please describe the size and exact location of any fibropapillomas inside the mouth.	

Please be sure to take photographs showing all ventral and dorsal surfaces. Please also take one "head-on" photograph of the turtle. If there is a fibropapilloma inside the mouth, please take a photograph of it. If the turtle is not a green turtle, or if it has a fibropapilloma inside the mouth, please salvage the turtle and contact the FWC turtle staff through a text message to SeaTurtleStranding@myfwc.com or by calling the FWC Wildlife Alert Hotline at 1-888-404-3922.