Weights for Chronic Tests
Reference SOP TA-06.21

After

Organism: _____ Weigh Date:_____ Temp:_____

Test type/Facility:_____ Weigh Time:_____ Humidity:_____

Weighed by:_____ Pressure:_____

Transcribed by:_____

Verified by:_____ ; _____

S Weight Check:
_____ @0.01
_____ @0.05

Boat #	Weight (g)	Boat #	Weight (g)	
				Comments: