

Field Form

This is one of four hard copy field forms for the national framework for community-based monitoring (CBM) of stream health. **Use this form when collecting water samples for eDNA testing.**

All fields with an asterisk (*) need to be completed for the data to then be entered onto the following ArcGIS Survey123 electronic field form: **CBM (Streams) – eDNA**. The electronic form will complete all necessary calculations.

Stream site visit information		
Group name*:		
Site name*:		
Site visit date*:		
Site arrival time*:		
Observer*:		
Second observer(s):		
General conditions		
Weather*: <input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain	Wind*: <input type="checkbox"/> Calm <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Strong	Rain in last 24 hours*? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Stream conditions		
Stream water level*: <input type="checkbox"/> High <input type="checkbox"/> Normal (or base flow) <input type="checkbox"/> Low	Tick any of the following that you see*: <input type="checkbox"/> Stock on banks/in water <input type="checkbox"/> Wildfowl in water <input type="checkbox"/> Local bank erosion <input type="checkbox"/> Surface scums/oil <input type="checkbox"/> Rubbish on banks/in water <input type="checkbox"/> Periphyton (algae) – some <input type="checkbox"/> Periphyton (algae) – a lot <input type="checkbox"/> Macrophytes (aquatic plants) – some <input type="checkbox"/> Macrophytes (aquatic plants) – a lot <input type="checkbox"/> Fish	
Does the water smell?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments on any observations: 	
Stream water appearance*: <input type="checkbox"/> Clear and colourless <input type="checkbox"/> Slightly murky <input type="checkbox"/> Turbid <input type="checkbox"/> Humic-stained <input type="checkbox"/> Other (<i>describe below</i>) <hr style="width: 100%;"/>		
Photograph(s) of waterway Notes:		
Field measurements		
Which of the following are you measuring or taking samples of today?* <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Macroinvertebrates <input type="checkbox"/> Physical habitat quality </div> <div> <input type="checkbox"/> Macrophytes (aquatic plants) <input type="checkbox"/> Shade (canopy closure) </div> </div>		

eDNA sample collection

The best place to sample is in moving water where eDNA is delivered regularly and is well mixed in the water. Take care to avoid contamination – wear gloves and always collect your sample upstream to where you're standing.

Sample collection method(s)*

- ☐ Active sampling (syringes) – complete Box A
☐ Passive sampling – complete Box B

Box A: Active (spot syringe) sample collection

Select the number of syringe samples are you collecting at this site and enter the unique ID (UID) number for each?*

The UID number is supplied by the lab with each test kit.

- | | |
|---|---|
| <input type="checkbox"/> 1 Sample UID* _____ | <input type="checkbox"/> 4 Sample UID* _____ |
| <input type="checkbox"/> 2 Sample UID* _____ | <input type="checkbox"/> 5 Sample UID* _____ |
| <input type="checkbox"/> 3 Sample UID* _____ | <input type="checkbox"/> 6 Sample UID* _____ |

Filtered sample volume*

Enter the volume of water filtered for each sample. Aim for 1,000 mL (1 L) or until the filter is clogged.

Sample 1	mL	Sample 1	mL
Sample 2	mL	Sample 2	mL
Sample 3	mL	Sample 3	mL

Sample collection and handling comments

Briefly outline any issues, including possible contamination, etc. (e.g., dropped filter 2)

Box B: Passive sample collection

Sample collection method(s)*

- ☐ Peg-mount passive sampler
 - select the number of filter pods (sample replicates) are you collecting*
 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
- ☐ Manifold-mount passive sampler

Enter the time the sampler will be left to collect eDNA*

- ☐ 24 hours (*recommended*)
☐ Other (specify) _____ hr

Enter the unique ID (UID) number(s) supplied by the lab?*

- | | |
|---|---|
| <input type="checkbox"/> 1 Sample UID* _____ | <input type="checkbox"/> 4 Sample UID* _____ |
| <input type="checkbox"/> 2 Sample UID* _____ | <input type="checkbox"/> 5 Sample UID* _____ |
| <input type="checkbox"/> 3 Sample UID* _____ | <input type="checkbox"/> 6 Sample UID* _____ |

Sample collection and handling comments

Briefly outline any issues, including possible contamination, etc. (e.g., dropped filter 2)