SureScreen Scientifics

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**GREAT CRESTED NEWT (GCN) FORM**

**\*SAMPLE NAME**: ……………………………………………………………………………….…

Site Name: ……………………………….……………………………………………………………

County: …………………………………………………..…………………………………………….

O/S Reference: .…………………………………………………………………………………….

Sampling Date:……………………………. % Pond Accessible: ……………………….

**\*SERVICE *(Please Tick)***

**Standard** (10 Working Days)

**Fast** **Track** (3 Working Days)

**Super** **Fast** **Track** (1 Working Day)

***Note: If no box is ticked, we will assume a standard service is required.***

**This form is available to download and edit at: SureScreenscientifics.com/forensic-ecology/great-crested-newtedna**

**PREVIOUS INHABITATION (IF KNOWN)**

 Present

 Absent

**Please ensure each individual form is completed with legible writing and the lab sample ID number is present. If the form is returned without a unique lab sample ID number or is unable to be read clearly then it cannot be processed.**

**LABORATORY SAMPLE ID**

**RELEVANT NOTES**

**INSTRUCTIONS FOR SAMPLE COLLECTION**

1. Identify 20 sampling sites around the perimeter of the pond. Space these as evenly as possible and include vegetative areas and areas likely to contain Great Crested Newts.

2. Wearing the sterile gloves provided, take samples from the 20 sites. Use the ladle to take the samples from at least 10cm deep, ensuring the sediment at the bottom of the pond is not disturbed.

3. Transfer each ladle full of water to the Whirl-pak bag provided. Once all sites have been sampled, roll the top of the bag over and shake the Whirl-Pak bag vigorously for 10 seconds.

4. Swap to the second pair of sterile gloves.

5. Using the pipette provided transfer 15ml water from the Whirl-Pak bag to each of the preservative filled tubes.

6. Ensure the tube lids are tight and not cross threaded and shake each vigorously for 3 seconds.

7. Place the tubes back in the cardboard rack. Place the rack inside the bag provided.

8. Place all the contents in the box for transport back to the laboratory.

***kit components are single use only and must not be reused for other samples. Samples should be refrigerated and sent back as soon as possible, at a maximum, samples can be kept in the fridge for 4 weeks and at room temperature for 2 weeks prior to analysis.***

**\*Required Fields**

**\*NAME:** …………………………………………………………..………. **\*COMPANY:** ……………………….…………………………………………….

**\*EMAIL:** …..……………………………………………………..…………………………………………………………………………………………………….

**\*INVOICE ADDRESS:** ……………………………………………………………………………………………………………………………………………..

**\*TEL:** ………………………………………………………………………….. **\*PURCHASE ORDER** …………………………………………………………

*Note: Please include a PO for this work, analysis will NOT be started until a valid PO has been received. When samples are sent in batches, each individual PO will be its own report and invoice. The report can be sent to multiple emails if required.*

**GCN eDNA - Sample Collection Form**

Year ………………………