

Name of species Zebrafish Medaka other:

Assessed line – Internal name

Assessed line - International name
 (Necessary only after the line is published)

Genetic breed het x het het x wt hom x hom other:

Type of genetic modification

Responsible person

Location of the line (institute and room)

Peculiarities of the facility

Assessment	Clutch 1	Clutch 2	Clutch 3	
Date of spawning	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	
Number of larvae (approx.)	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	
Alterations (number of affected animals)				Notes
Morphology	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Swimming behaviour	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Activity	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Assessor	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	
Date of assessment	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	

Summary of the possible severity Yes No

Notes

Date _____ Name _____ Signature _____
 (Assessor or responsible person) (Assessor or responsible person)

Name of species

Zebrafish
 Medaka
 other:

Assessed line – Internal name

 Assessed line - International name

(Necessary only after the line is published)

Genetic breed

het x het
 het x wt
 hom x hom
 other:

Type of genetic modification

Responsible person

Location of the line (institute and room)

 Peculiarities of the facility

Number of animals

 Age of animals

Alterations (number of affected animals)	Notes (see footnotes)	
Body structure (1)	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 550px; height: 20px;" type="text"/>
Fins/scales/skin/gills (2)	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 550px; height: 20px;" type="text"/>
Behaviour (3)	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 550px; height: 20px;" type="text"/>
Other	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 550px; height: 20px;" type="text"/>

(1) Body structure

- a – changes in length
- b – emaciated
- c – obese
- d – altered flexion
- e – swelling / tumor
- f – other (specify)

(2) Fins/scales/skin/gills

- a – altered fins
- b – changes in scales/skin
- c – reddened skin
- d – black pigmentation
- e – other changes of skin colour
- f – altered gills
- g – ulcerations
- h – other (specify)

(3) Behaviour

- a – circling
- b – swimming on the ground
- c – swimming on the surface
- d – altered feeding
- e – aggression
- f – other (specify)

Date

Name
(Assessor or responsible person)

Signature
(Assessor or responsible person)

A	Institution (Full address) <input style="width: 100%; height: 30px;" type="text"/>	Name of species <input type="checkbox"/> Zebrafish <input type="checkbox"/> Medaka <input type="checkbox"/> other: <input style="width: 100%; height: 20px;" type="text"/>
	Assessed line - Internal name <input style="width: 100%; height: 20px;" type="text"/>	Assessed line – International name <input style="width: 100%; height: 20px;" type="text"/>
	Genetic breed <input type="checkbox"/> het x het <input type="checkbox"/> het x wt <input type="checkbox"/> hom x hom <input type="checkbox"/> other: <input style="width: 100%; height: 20px;" type="text"/>	(Necessary only after the line is published) Specification of the publication <input style="width: 100%; height: 30px;" type="text"/>
	Type of genetic modification <input style="width: 100%; height: 30px;" type="text"/>	
B	<u>Reason, why no impairment is expected due to the genetic modification</u> <input style="width: 100%; height: 30px;" type="text"/>	
	This specification is optional. Only needs to be signed by the responsible person.	
C	<u>Summary of the observations stated in forms 1 and 2</u>	
	Form 1: Possible impairment of the larvae: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Form 2: Number of adult, sexually mature animals <input style="width: 50px;" type="text"/> Age of animals <input style="width: 50px;" type="text"/>	
	Alterations	Number of affected animals (n)
	Body structure	<input style="width: 100%; height: 20px;" type="text"/>
	Fins/scales/skin/gills	<input style="width: 100%; height: 20px;" type="text"/>
Behaviour	<input style="width: 100%; height: 20px;" type="text"/>	
Other <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	
D	<u>Final Assessment</u> <i>(if necessary, use extra sheet)</i>	
	Severity is classified as: none <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe <input type="checkbox"/>	
	Justification (comprehensible description of the characteristic impairment) <input style="width: 100%; height: 50px;" type="text"/>	
	The following refinement is recommended for reducing the grade of severity: <input style="width: 100%; height: 50px;" type="text"/>	
E	Name, surname of the responsible person <input style="width: 100%; height: 20px;" type="text"/>	Name, surname of the animal welfare officer <input style="width: 100%; height: 20px;" type="text"/>
	City <input style="width: 50%; height: 20px;" type="text"/> Date <input style="width: 50%; height: 20px;" type="text"/>	Taken notice of on (date): <input style="width: 100%; height: 20px;" type="text"/>
	_____ Signature of the responsible person	_____ Signature of the animal welfare officer