Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Core \_\_\_\_\_\_\_ Page\_\_\_\_\_\_\_

**Directions:**

1. Label: Right Ventricle, Left Ventricle, Right Atrium, Left Atrium, Superior Vena Cava, Inferior Vena Cava, Pulmonary Artery, Pulmonary Veins.
2. Color all VEINS Blue and All ARTERIES Red.

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Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Core \_\_\_\_\_\_\_ Page\_\_\_\_\_\_\_

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