**BPE**  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circulatory System

Coach Soley/Wishon/Dodd/Hubinger/Keller Period \_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Fill in the spaces below with the correct label and use arrows for the blood pathway.***

Mitral Valve Tricuspid valve Aortic valve

Pulmonary vein Left ventricle Left atrium

Septum Pulmonary arteries Pulmonary valve

Inferior vena cava Superior vena cava Aorta

Right ventricle Right Atrium

**Use blue arrows for deoxygenated blood and red arrows for oxygenated blood**.