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National Marine Mammal Tissue Bank Form

Field ID: _____ Other ID Number: _____

Common Name: _____ Genus species: _____

Stranding Type: Single Incidental Take..... Fisheries Other (specify): _____
(choose all that apply) Mass Live Capture..... Rescue Other (specify): _____
 UME Subsistence Add'l. Remarks: _____

Condition: Alive Fresh Dead Euthanized

(choose one)

If euthanized, with what and how much: _____

Was animal in rehabilitation? Yes No If yes: _____ Where: _____ From: dd / mm / yy
(choose one) (please attach clinical/medical records) To: dd / mm / yy

Animal Location: State: _____ County: _____ City/Island/Community: _____

Ocean/Bay/Sea: _____

Locality Details: _____

Latitude: _____ N Longitude: _____ W

Time of death (Zulu)..... dd / mm / yy hr Place of Death: _____

Internal body temp. of animal: C F Rigor? Yes No

If transported before tissue removal:

Vehicle Type: _____ Length of Transport: _____

Ambient weather condition: _____

Remarks: _____

Time of tissue removal (Zulu).... dd / mm / yy hr Place of tissue removal: _____

If transported before processing:

Transportation storage: Dry ice Wet ice Other: _____

Ambient weather condition: _____

Interim storage of tissue: Teflon bag Teflon jar Other: _____

Remarks: _____

Time of tissue processing.... dd / mm / yy hr Place of tissue processing: _____

Ambient temperature at processing: _____

Time of interim freezing..... dd / mm / yy hr Freezer type: LN₂ -80degC -30degC Other: _____

Time shipped to MESB..... dd / mm / yy hr

Time received at MESB..... dd / mm / yy hr

Additional comments: _____

Sample weights: Blubber (g): _____ Liver (g): _____ Kidney (g): _____ Whole Blood (mL): _____ Plasma (mL) _____ Serum (mL): _____ Other: _____

A _____

B _____

National Marine Mammal Tissue Bank Form

Field ID: _____

Genus species: _____

Sex: Female Male

Total length: _____

cm in

Actual Estimated

Total weight: _____

kg lb

Actual Estimated

Age Class:
(choose one)

Adult Subadult Actual
 Pup/calf Yearling Estimated
 Unknown

Age: GLG's: _____

Other: _____

Method used: _____

Date aged: dd /mm / yy

By whom: _____

Epiphysis:

Open Closed fused Fused invis

Reproductive condition:

Sexually Mature
 Pregnant
 Lactating

Testis/Ovaries:
(circle one)

Left: _____

Mid-Width: _____

Mid-depth: _____

Weight: _____

cm

kg

Right: _____

in

lb

Fetus length: _____

cm
 in

Corpora lutea #: _____

Corpora albicantia #: _____

Corpora hemmorrhagicum #: _____

Specify Units of Measurement:

cm in

Cetaceans:

Snout to ant. ins. of flipper: _____

Girth: _____

Axillary: _____

Snout to center of genital aperture: _____

Max: _____

Snout to center of anus: _____

Anal: _____ (Location)

Flipper length: _____

Blubber thickness: _____

Thoracic: _____

Fluke width: _____

Dorsal: _____

Fluke notch to anus: _____

Lateral: _____

Total counts: UL/LL: _____ UR/LR: _____

Ventral: _____

Pinnipeds:

Nose to tail length: _____

Ant. length of hind flipper: _____

Ant. length of foreflipper: _____

Blubber thickness over post. end of sternum: _____

Axillary girth: _____

Other blubber thickness: _____ (Location)

Bacculum length: _____

Polar Bears:

Girth of neck of axis: _____

Skull length: _____

Girth of neck at shoulders: _____

Sea Otters:

Snout to angle of mouth: _____

Right forepaw width: _____

Skull length: _____

Skull width: _____

Axillary girth: _____

Tooth Wear: Heavy Med. Light None

Estimate of body fat stores: _____

None: Little: Average: Excessive:

Subcutaneous:

Groin: _____ cm

Kidneys:

Mesenteric:

National Marine Mammal Tissue Bank

Field ID Number: _____

Genus species: _____

Was animal necropsied? Yes No

Necropsied by: _____ dd / mm / yy
(Please attach necropsy report) Date

Samples collected:

Historical samples:

Individual/Organization: _____

Final destination: _____

Tissues sampled: Liver Kidney Blubber Stomach Heart Intestine
(Choose all that apply) Lung Pancreas Adrenals Brain Muscle Skin
 Trachea Spleen Thymus Colon Thyroid Esophagus

Other: _____

(Please list)

Lymph Nodes: Submandibular Prescapular Axillary Hilar Mesenteric

Other l.n.: _____

Other samples collected: _____

Type of storage: _____

(Z-frozen, F-formalin, DMSO, ETOH)

Where located (Ind./Org.): _____

Teeth: _____

Genetics (skin): _____

Skull: _____

Reproductive tract: _____

Mammary tissue: _____

Ovaries: _____

Gonads/testes: _____

Parasites: _____

■ *List type and location:*

Stomach: _____

■ *List contents if applicable:*

Other contaminant samples: _____

(List tissue type, storage type and where located)

Additional samples: _____

(List tissue type, purpose of collection, storage type and where located)

National Marine Mammal Tissue Bank

Field ID Number: _____ Genus species: _____

Photos taken: Yes No Digital Film If yes, how many? _____

Video taken: Yes No

(send copy with samples for NIST archive)

Disposition: _____
(primary location for photos and/or video)

General comments: _____
(Field notes)

General appearance of individual: _____

General appearance of organs: _____

NMMTB Protocol: Standard Modified

Please note any modifications: _____

Form prepared by: _____ Name _____ Affiliation	A copy of this form and Level A Data Form should be shipped with samples to: ATTN: Rebecca Pugh National Institute of Standards and Technology Hollings Marine Laboratory 331 Fort Johnson Rd Charleston, SC 29412 (843) 762-8952
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NMMTB's Chain of Custody

Field ID Number: _____

Other ID Number: _____

NMMTB Reference/Storage ID Numbers: _____

1.	_____	_____	dd / mm / yy
	Collector's signature	Method of transfer to processing stage	Date
2.	_____	_____	dd / mm / yy
	Processor's signature	Method of transfer to shipping stage	Date
3.	_____	_____	dd / mm / yy
	Shipper to NMMTB's signature	Method of transfer to MESB	Date
4.	_____		dd / mm / yy
	Receiver's signature		Date

Each person in possession of the tissue must sign and date the form.

PAPERWORK REDUCTION ACT INFORMATION

PUBLIC REPORTING BURDEN FOR THE COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 30 MINUTES PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THE COLLECTION INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THE BURDEN TO: CHIEF, MARINE MAMMAL AND SEA TURTLE CONSERVATION DIVISION, OFFICE OF PROTECTED RESOURCES, NOAA FISHERIES, 1315 EAST-WEST HIGHWAY, SILVER SPRING, MARYLAND 20910. NOT WITHSTANDING ANY OTHER PROVISION OF THE LAW, NO PERSON IS REQUIRED TO RESPOND, NOR SHALL ANY PERSON BE SUBJECT TO A PENALTY FOR FAILURE TO COMPLY WITH, A COLLECTION OF INFORMATION SUBJECT TO THE REQUIREMENTS OF THE PAPERWORK REDUCTION ACT, UNLESS THE COLLECTION OF INFORMATION DISPLAYS A CURRENTLY VALID OFFICE OF MANAGEMENT AND BUDGET (OMB) CONTROL NUMBER.