

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

# 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:  LN<sub>2</sub>  -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:  Adult  Subadult  Actual  
*(choose one)*       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      Testis/Ovaries: Left: \_\_\_\_\_ Right: \_\_\_\_\_  
 Pregnant      *(circle one)*      Length: \_\_\_\_\_ Mid-Width: \_\_\_\_\_ Mid-depth: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Lactating      Fetus length: \_\_\_\_\_  cm  in      Corpora lutea #: \_\_\_\_\_ Corpora albicantia #: \_\_\_\_\_ Corpora hemorrhagicum #: \_\_\_\_\_  
 cm  in       kg  lb

**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)*  
 Baculum 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:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Groin: _____ cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidneys:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mesenteric:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# 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:**

#### **Histological 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: \_\_\_\_\_

Where located (Ind./Org.): \_\_\_\_\_

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

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

**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 60 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.