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**National Marine Mammal Tissue Bank Form** MESB Sample Processing -

Page 1

Field ID: Other ID Numb er:

Common Name: Genus species: -----------------

|  |
| --- |
| Stranding Type: Single D Incidental Take...... [a Fisheries ltll other (specify): *(choose all* -- , [g] Mass D Live Capture..... Rescue ot h er (specify): *that apply)*UME D Subsistence Add'I. Remar ks: |
| Condition : I ® Alive © Fresh Dead ® Euthanized I*(choose one)*If euthanized, with what and how much: |
| Was animal in rehabilitation? I @ Yes @ No I *If yes:* \_J *Where: From: (choose one) (please attach c/linicaf/medical records) To:* | dd /mm/ yy |  |
| dd / mm *I* yy |
| Animal Location: Stat e: --- County: City/Island/Community: Ocean/Bay/Sea:Locality Details :Latitude: **N** Lon gitude: **w**  |
| Time of death (Zulu)......... dd / mm/ yy hr Place of Death: *Internal body temp. of animal:* l@ c Q FI *Rigor?* l(i) *Yes Q* ***No l****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: Transportationstorage:* **[5]** *Dryice* □ *Wetice Other:* *Ambient weather condition:**Interim storage of tissue:* D *Teflon bag* li5l *Teflon jar Other:**Remarks:* Time of tissue processing .... dd / mm/ yy --hr Place of tissue processing: Ambi ent temperature at processing:Tim e of int erim fr eezin g..... dd / mm *I* yy --**hr** Freezer type : [El LN2 [a -80degC loJ - 30degC **other:** Tim e shipped to MESB........ dd / mm/ yy --hrTim e received at MESB....... dd / mm/ yy --hr |

Additional comments:

sample wejghts· Blubb er (g): Liver (g): Kidney (g):

Whole

Blood (ml): Plasma (ml) Serum (ml): other:

###### A

B

0MB Co ritrol Nlo.: 0-648-0468

## Expiration Date : 03131/2018

**National Marine Mammal Tissue Bank Form**

Anim al Information - Page 2

Field ID: Genus species: -------------

Sex: I@) Female Ii) Male I Total length :

Total weight :

(;) Adult Q Subadult © Actual

Pup/ca lf @ Yearling @) Estimat ed Unknown

Age Class:

*G* Actual ® Estimated I

0 Actual *@J* Estimat ed I

*G* kg @ lb I

6 cm Q i n **1**

Age: GLG's: Other :

#### (choose one)

Epiphysi s: I ® Open @ Closed fused @) Fused invis I

Right:

---

Mid-Width: Mid-depth :

Length :

Left : ---

Testis/ Ovari es:

*(cicle one)*

Reproductive condition:

laJ Sexually Mature

[EID Pregnant

[al Lactating Fetus length :

Method used: By whom:

Date aged:

dd /mm *I VY*

##### Specify Units of Measurement: ® cm in

---

Corpora hemmorghagicum #:

---

---

Corpora albicantia #:

---

n

Corpora lut ea #:

**b**

Weight:

---

---

n

|  |  |
| --- | --- |
| **Cetaceans :** | ----l---; Girth: Axilla ry:Max:  ;:=A.n.a.l.: ---==----*(Location)* 1Blubber th ickness: Thoracic:Dorsal: Lateral :UR/ LR: Ventral: |
| Snout to ant. ins. of flipper: |
| Snout to center of genitaI apertur e: |
| Snout to center of anus: |
| Flipp er length : |
| Fluk e width: |
| Fluk e notch to anus : |
| Total counts: | UL/ LL: |  |
| **Pinnipeds:** | Ant. length of hind flipper:Blubber th ickness over post. end of sternum: Other blubb er thi ckness: |  | *(Location)* |
| Nose to tail length: |
| Ant. length of foreflipper : |
| Axillary girth: |
| Bacculum length : |
| **Polar Bears:**Girth of neck of axis :Girth of neck at should ers: | Skull length: |
| **Sea Otters:** |  |  |  |
| Snout to angl e of mouth : | Right for epaw width: |  |  |
| Skull length :Axillary girth: | Skull width: Tooth Wear: I | Heavy |  | @ Med. | 0 | Light | *G* None I |
| Extimat e of body fat st ores: \_ |  | Subcutaneous: | None:0 | Litt le:@ | Average:0 | Excessive:® |  |  |
|  | Groin: --- cm Kidneys:Mesenteric: | ©0® | ©©® | Q@Gl | @0a |  |

0 M B Co11trnl **No\_:** 0648-0468

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# National Marine Mammal Tissue Bank

Additional Samples List - Page 3

Field ID Number: ------------- Was animal necropsied? I@ Yes @ No

I

Necropsied by:

(Please attach necropsy report)

Genus species:

dd /mm/ yy

Date

**Samples collected:**

Histological samples:

Individual/Organization: FinaI destination:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Liver | lg] Kidney | [g] Blubber | [g Stomach | lg] Heart | [QI Intestine |
| ID] Lung | lg] Pancreas | [g] AdrenaIs | oc:J Brain | lg] Muscle | [g] Skin |

Tissues sampled :

(Choose all that apply)

Trachea lg] Spleen [Q] Thymus [QI Colon lg] Thyroid [QI Esophagus

Other:

(Please list)

Lymph Nodes: IMI Submandibular Q Prescapular IQ Axillary [g Hilar

Other l.n.:

IMI Mesenteric

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:-

(Ust tissue type, storage type and where located)

Additional samples: - *(List tissue type, purpose of collection, storage type and where located)*

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I

**0MB** Co11tro l **No.: 0 648-046 8**

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**National Marine Mammal Tissue Bank**

General Notes - Page 4

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field ID Numb er :Photos taken: I (J) Yes ® No I ! @ Digital @ Film Video t aken: I @ Yes © No IDisposition:*(primary location for photos and/or**video)* - | I If  | yes, how many?  | Genus species:*(send copy with samples for NIST archive)* |  | I |
| General comments:*(Reid notes)*General appearance of individual:-General appearance of organs:-I NMMTB Prot ocol: ® Standard @ Modified I*Please note any modifications:*- | I | III |

**,O M B** Co11tro l **No.: 064 8-0468**

|  |  |  |
| --- | --- | --- |
| Form pr epared by :NameAffiliation | **A copy of this form and Level A Data Form should be shipped with samples to:**ATTN: Reb ecca PughNational Institute of Standards and Technology Hollings Marine Laboratory331 Fort Johnson Rd Charleston, SC 29412(843) 762-8952 |  |

### Ex pir ation Date : 0313112:018

**National Marine Mammal Tissue Bank** Chain of Custody -

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# NMMTB's Chain of Custody

Field ID Number: other ID Number:

NMMTB Reference/Storage ID Numbers:

1.

Collector's signature

Method of transfer to processing stage

dd /mm/ yy

Date

2.

Processor's signature

Method of transfer to shipping stage

dd /mm/ yy

Date

3.

Shipper to NMMTB's signature

Method of transfer to MESB

dd /mm/ yy

Date

4.

Receiver's signature

dd /mm/ yy

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 JS ESTIMATED TO AVERAGE :6 0 "11NUTES PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAJNTAJNJNG THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF l NFORMATJON. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THE COLLECTJON INFORMATJON, INCLUDING SUGGESTJONS FOR REDUCING THE BURDEN TO: CHIEF, MARINE MAMMAL AND SEA TURTLE CONSERVATJON DIVJSJON, OFFICE OF PROTECTED RESOURCES, NOAA FISHERIES, 1315 EAST-WEST HIGHWAY, SILVER SPRING, MARYLAND 20910. NOT WITHSTANDING ANY OTHER PROVISION OF THE LAW, NO PERSON JS REQUIRED TO RESPOND, NOR SHALL ANY PERSON BE SUBJECTED TO A PENALTY FOR FAILURE TO COMPLY WITH, A COLLECTJON OF JNFORMATJON SUBJECT TO THE REQUIREMENTS OF THE PAPERWORK REDUCTJON ACT, UNLESS THE COLLECTJON OF INFORMATION DISPLAYS A CURRENTLY VALID OFFICE OF MANAGEMENT AND BUDGET (0MB) CONTROL NUMBER.

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OMB Control No. 0648-0468

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