

National Marine Mammal Tissue Bank Form

Field ID: _____

Other ID Number: _____

Common Name: _____

Genus species: _____

Stranding Type:	Single <input type="checkbox"/>	Incidental Take..... <input type="checkbox"/>	[a] Fisheries <input checked="" type="checkbox"/>	other (specify): _____
	(choose all that apply)	[g] Mass <input type="checkbox"/>	Live Capture..... <input type="checkbox"/>	Rescue <input type="checkbox"/>
	UME <input type="checkbox"/>	Subsistence <input type="checkbox"/> Add'l. Remarks: _____		

Condition : **Alive** **Fresh Dead** **Euthanized**

(choose one)

If euthanized, with what and how much: _____

Was animal in rehabilitation? Yes No

(choose one)

If yes: J Where: _____ From: dd/mm/yy

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

A
B

Expiration Date : 03131/2018

National Marine Mammal Tissue Bank Form

Field ID: _____

Genus species: _____

Sex: Female Male

Total length :

6 cm in G Actual Estimated

Total weight :

G kg @ lb Actual Estimated

Age Class: Adult Subadult Actual

Age: GLG's: _____

Other: _____

(choose one)

Pup/calf Yearling Estimated

Method used: _____

Date aged: dd/mm/VY

Unknown

By whom: _____

Epiphysis: Open Closed fused Fused invis

Reproductive condition:

Sexually Mature

Testis/ Ovaries:

Pregnant

Lactating

Length:

Mid-Width:

Mid-depth:

Weight:

Right: _____

n

b

Corpora lutea #: _____

Corpora albicantia #: _____

Corpora hemorrhagica #: _____

Specify Units of Measurement: cm in

Cetaceans:

Snout to ant. ins. of flipper: _____

Snout to center of genital aperture: _____

Snout to center of anus: _____

Flipper length: _____

(Location)

Fluke width: _____

Fluke notch to anus: _____

Total counts:

UL/LL: _____

Blubber thickness: _____

Thoracic: _____

Dorsal: _____

Lateral: _____

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: _____

Baculum length: _____

(Location)

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:
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OMB Control No.: 0648-0468

Expiration Date : 03/31/2018

National Marine Mammal Tissue Bank

Field ID Number: _____ Genus species: _____

Was animal necropsied? Yes No

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

Samples collected:

Histological samples:

Individual/Organization: _____

Final destination: _____

Tissues sampled :	Liver	<input type="checkbox"/> Kidney	<input type="checkbox"/> Blubber	<input type="checkbox"/> Stomach	<input type="checkbox"/> Heart	<input type="checkbox"/> Intestine
(Choose all that apply)	<input type="checkbox"/> Lung	<input type="checkbox"/> Pancreas	<input type="checkbox"/> Adrenals	<input type="checkbox"/> Brain	<input type="checkbox"/> Muscle	<input type="checkbox"/> Skin
	Trachea	<input type="checkbox"/> Spleen	<input type="checkbox"/> Thymus	<input type="checkbox"/> Colon	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Esophagus

Other: _____
(Please list)

Lymph Nodes: IMI Submandibular Pre-scapular Axillary 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)

№ 1011tro | No.: 0 648-046 8
Expiration Date : 03131/2018

National Marine Mammal Tissue Bank

Field ID Number: _____

Genus species: _____

Photos taken: Yes No | @ Digital @ Film | _____ yes, how many?
(send copy with samples for NIST archive)

Video taken: Yes No | If _____

Disposition: _____

(primary location
for photos and/or
video)

General comments:

(Reid 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.	Collector's signature	Method of transfer to processing stage	<u>dd /mm/ yy</u> Date
2.	Processor's signature	Method of transfer to shipping stage	<u>dd /mm/ yy</u> Date
3.	Shipper to NMMTB's signature	Method of transfer to MESB	<u>dd /mm/ yy</u> Date
4.	Receiver's signature		<u>dd /mm/ yy</u> Date

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

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