National Marine Mammal Tissue Bank Tissue Request Form

| Principle Investigator(s): | | |
|---|------------------|---------|
| Investigator(s) Title: | | |
| Affiliated Institution(s): | | |
| Address: | | |
| | | |
| E-mail: | Phone: | |
| Requirements for Samples: | | |
| Total Number of Samples Requested: | _ | |
| Total Number of Animals Requested: | _ | |
| Total Number of Each Sample Type Requested: | Liver | Blubber |
| | Kidney | Blood |
| | Other | |
| | List other type: | |
| Title of Project: | | |
| Research Location: | | |
| Type of Research: | | |
| Estimated Date of Completion: | | |

Attach the following items:

- 1) A description of the proposed research including a justification as to the use of the banked tissues and how this is consistent with the goals of the NMMTB and the MMHSRP;
- 2) Copy of the scientific research permit;
- 3) Verification that funding is available to conduct the research;
- 4) Table 1 filled out completely;
- 5) A signed copy of the National Marine Mammal Tissue Bank Agreement Form

Table 1. Individual Sample Information for Tissues Requested from the National Marine Mammal Tissue Bank.

| | Field ID | NMMTB Storage ID | Species | Common Name | Tissue Requested | Year Collected | Sev | Age Class | Pregnant or Lactating | Size of sample Requested (i.e. 1ml, 2g, 5g) |
|-----|----------------|---------------------|--------------------|--------------------|---------------------|-------------------|-----|--------------|-----------------------|--|
| | MMES2004100SC | NM10L101C | | | Liver | 2004 | F | Adult | No | |
| ex. | WINES2004100SC | NWITULTUTC | Tursiops truncatus | Bottlenose dolphin | Liver | 2004 | П | Adult | 110 | 2 g |
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National Marine Mammal Tissue Bank Agreement Form

| I, | , agree to the follow | ring conditions upon acceptance of my | | | | | | | |
|------|---|--|--|--|--|--|--|--|--|
| prop | osed research on tissues taken from the Nation | al Marine Mammal Tissue Bank: | | | | | | | |
| 1) | | d tissue will be reported to the National Marine Health and Stranding Response Program | | | | | | | |
| 2) | Tissue specimen samples that are used/released for genetic analyses (DNA sequencing) are required to archive sequences in the National Center for Biotechnology Information' GenBank. Sequence accessions in GenBank should document the source, citing the NMMTB Field ID number that identifies the animal; | | | | | | | | |
| 3) | U.S. Geological Survey (USGS), National Institute of Standards and Technology (NIS (MMS), the National Marine Mammal Tissu | to U.S. Fish and Wildlife Service (USFWS), Marine Fisheries Service (NMFS), National T), the (former) Mineral Management Service Bank (NMMTB), and the specimen collector nsert the following acknowledgment in all d on research using the banked tissue: | | | | | | | |
| | National Marine Mammal Tissue Bank, who the Hollings Marine Laboratory, Charles direction of NMFS with the collaboration of | ected by [the contributor] and provided by the ich is maintained at the NIST Biorepository a ston, SC, and which is operated under the USGS, USFWS, MMS, and NIST through the Response Program (and the Alaska Marine aples are from Alaska]). | | | | | | | |
| | Signature | Date | | | | | | | |
| | Affiliation | | | | | | | | |

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A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0468. Without this approval, we could not conduct this survey/information collection. Public reporting for this information collection is estimated to be approximately 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are mandatory. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the National Marine Fisheries Service at: 1315 East West Highway, 13th Floor, Silver Spring, MD 20910, Attn: Sarah Wilkin, Coordinator, Marine Mammal Health and Stranding Response Program, sarah.wilkin@noaa.gov if desired.