

--	--	--	--

National Marine Mammal Tissue Bank Form

Field ID: _____ Other ID Number: _____

Common Name: _____ Genus species: _____

Collection Type:	<input type="checkbox"/> Single Strand	<input type="checkbox"/> Biopsy	<input type="checkbox"/> Incidental Take <i>(choose one)</i>	<input type="checkbox"/> Fisheries or <input type="checkbox"/> Other <i>(specify):</i> _____	<input type="checkbox"/> Subsistence <i>(choose one)</i>	<input type="checkbox"/> Clubbed
	<input type="checkbox"/> Mass Strand	<input type="checkbox"/> Repeat Event			<input type="checkbox"/> Bow/Arrow	
	<input type="checkbox"/> UME	<input type="checkbox"/> Live Capture Release			<input type="checkbox"/> Gunshot	
	<input type="checkbox"/> Rescue	<input type="checkbox"/> Other (specify): _____			<input type="checkbox"/> Other (specify): _____	

Condition: Alive Fresh Dead (Code 2) Euthanized
(choose one)

Was animal in rehabilitation? Yes No

If euthanized: With what: _____
How much: _____
Where: _____

If yes: Where: _____
From: dd / mm / yy To: dd / mm / yy
(please attach clinical/medical records)

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

Ocean/Bay/Sea: _____

Locality Details: _____

Latitude: _____ N (dec degrees) Longitude: _____ W (dec degrees)

Time of death..... dd / m / yy hr
(Zulu)

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 dd / mm / yy hr
(Zulu)

Place of tissue removal: _____

Internal body temp. of animal just before tissue removal: C F

If transported before processing: _____

Transportation storage: <input type="checkbox"/> Dry ice <input type="checkbox"/> Wet ice Other: _____
Ambient weather condition: _____
Interim storage of tissue: <input type="checkbox"/> Teflon bag <input type="checkbox"/> Teflon jar Other: _____
Remarks: _____

Time of tissue processing.... dd / mm / yy hr
(Zulu)

Place of tissue processing: _____

Ambient temperature at processing: _____

Time of interim freezing..... dd / mm / yy hr
(Zulu)

Freezer type: LN2 -80° C -20° C Other: _____

Time shipped to NIST..... dd / mm / yy hr
(Zulu)

Time received at NIST..... dd / mm / yy hr
(Zulu)

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
 Unknown

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: _____ By whom: _____ Date aged: dd /mm / yy

Method Used: Teeth (GLG's) Baleen Bone Ear Plugs
(choose one) Other: _____

Epiphysis:

Open Closed fused Fused invis

Disposition of specimen:

Photo Slide *(Please attach copy of photo or slide)*

Reproductive condition:

Sexually Mature
 Pregnant
 Lactating

Testis/Ovaries:
(circle one)

Length: _____ Mid-Width: _____ Mid-depth: _____ Weight: _____
Left: _____ cm g
Right: _____ in oz

Fetus length: _____ cm in

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: _____
Fluke width: _____
Fluke notch to anus: _____
Tooth counts: UL/LL: _____ UR/LR: _____

Girth: _____
Blubber thickness: _____
Axillary: _____
Max: _____
Anal: _____ *(Location)*
Thoracic: _____
Dorsal: _____
Lateral: _____
Ventral: _____

Pinnipeds:

Nose to tail length: _____
Ant. length of foreflipper: _____
Axillary girth: _____
Bacculum length: _____

Ant. length of hind flipper: _____
Blubber thickness over post. end of sternum: _____
Other blubber thickness: _____ *(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 Medium 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: _____ Date: dd / mm / yy
(Please attach necropsy report)

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: _____

■ Number of parasites: 0-20 21-100 101+

■ 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 of animal:

Yes No

Digital Film

If yes, how many? _____

Video taken of animal:

Yes No

(Please 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 (Print)

Affiliation (Print)

**A copy of this form and Level A Data Form
should be shipped with samples to:**

ATTN: Rebecca Pugh or Amanda Moors
NIST Biorepository
Hollings Marine Laboratory
331 Fort Johnson Rd
Charleston, SC 29412
843-460-9864 / 843-460-9814

NMMTB's Chain of Custody

Field ID Number: _____

Other ID Number: _____

NMMTB 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 NIST Biorepository	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

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 45 minutes 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.

OMB Control #: 0648-0468
Expiration Date: XX/XX/20XX