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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: 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
(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:
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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 hemorrhagicum #: _____

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:	<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: _____ 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.

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