National Marine Mammal Tissue Bank Form

Field ID: ____________________________ Other ID Number: ____________________________
Common Name: ____________________________ Genus species: ____________________________

Stranding Type:
- Single
- Incidental Take
- Fisheries
- Other (specify):
- Mass
- Live Capture
- Rescue
- Other (specify):
- UME
- Subsistence
- Add'l. Remarks:

Condition:
- Alive
- Fresh Dead
- Euthanized
If euthanized, with what and how much:

Was animal in rehabilitation?
- Yes
- No
If yes, (please attach clinical/medical records)
From: __/__/___
To: __/__/___

Animal Location:
State: ____________________________ County: ____________________________
City/Island/Community: ____________________________
Ocean/Bay/Sea: ____________________________
Locality Details: ____________________________
Latitude: __________ N Longitude: __________ W

Time of death (Zulu)...........__/__/___ ___:___:___ 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)....__/__/___ ___:___:___ 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....__/__/___ ___:___:___ hr Place of tissue processing:

Ambient temperature at processing:

Time of interim freezing.....__/__/___ ___:___:___ hr Freezer type: LN₂
-80degC
-30degC
Other:

Time shipped to MESB........__/__/___ ___:___:___ hr

Time received at MESB........__/__/___ ___:___:___ hr

Additional comments: ____________________________

Sample weights:

Blubber (g): __________ __________ __________ __________
Liver (g): __________ __________ __________ __________
Kidney (g): __________ __________ __________ __________
Whole Blood (mL): __________ __________ __________ __________
Plasma (mL): __________ __________ __________ __________
Serum (mL): __________ __________ __________ __________
Other: __________ __________ __________ __________
**National Marine Mammal Tissue Bank Form**

Field ID: 
Genus species: 

<table>
<thead>
<tr>
<th>Sex:</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total length:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total weight:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Class (choose one):</th>
<th>Adult</th>
<th>Subadult</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pup/calf</td>
<td>Yearling</td>
<td>Estimated</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Epiphysis:</th>
<th>Open</th>
<th>Closed fused</th>
<th>Fused invis</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Age:</th>
<th>GLG’s:</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method used:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date aged:</td>
<td>dd/mm/yyyy</td>
<td></td>
</tr>
<tr>
<td>By whom:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reproductive condition:

- Sexually Mature
- Pregnant
- Lactating

<table>
<thead>
<tr>
<th>Fetus length:</th>
<th>cm</th>
<th>in</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Testis/Ovaries:</th>
<th>Left:</th>
<th>Mid-Width:</th>
<th>Mid-depth:</th>
<th>Weight:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(circle one)</td>
<td>cm</td>
<td>in</td>
<td>kg</td>
<td>lb</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Testis/Ovaries:</th>
<th>Right:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>cm</td>
<td>in</td>
</tr>
</tbody>
</table>

Specify Units of Measurement: cm in

**Cetaceans:**

- Snout to ant. ins. of flipper: 
- Snout to center of genital aperture: 
- Snout to center of anus: 
- Flippers:
  - Length: 
  - Width: 
  - Notch to anus: 
- Total counts: 
- UL/LL: 
- UR/UR: 

Specify Units of Measurement:

<table>
<thead>
<tr>
<th>Cetaceans:</th>
<th>cm</th>
<th>in</th>
</tr>
</thead>
</table>

**Pinnipeds:**

- Nose to tail length: 
- Ant. length of hind flipper: 
- Ant. length of foreflipper: 
- Axillar girth: 
- Bacculum length: 

Specify Units of Measurement:

<table>
<thead>
<tr>
<th>Pinnipeds:</th>
<th>cm</th>
<th>in</th>
</tr>
</thead>
</table>

**Polar Bears:**

- Girth of neck of axis: 
- Skull length: 
- Girth of neck at shoulders: 

Specify Units of Measurement:

<table>
<thead>
<tr>
<th>Polar Bears:</th>
<th>cm</th>
<th>in</th>
</tr>
</thead>
</table>

**Sea Otters:**

- Snout to angle of mouth: 
- Right forepaw width: 
- Skull length: 
- Skull width: 
- Axillary girth: 
- Tooth Wear: Heavy Med. Light None

Specify Units of Measurement:

<table>
<thead>
<tr>
<th>Sea Otters:</th>
<th>cm</th>
<th>in</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Estimate of body fat stores:</th>
<th>Subcutaneous:</th>
<th>Groin: cm</th>
</tr>
</thead>
<tbody>
<tr>
<td>None:</td>
<td>Little:</td>
<td>Average:</td>
</tr>
<tr>
<td>Subcutaneous:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groin: cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidneys:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mesenteric:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### National Marine Mammal Tissue Bank

**Field ID Number:**

**Genus species:**

**Was animal necropsied?**

- [x] Yes  
- [ ] No

**Necropsied by:**

(Please attach necropsy report)

**Date:**

**dd / mm / yy**

### Additional Samples List

**Samples collected:**

**Histological samples:**

<table>
<thead>
<tr>
<th>Individual/Organization</th>
<th>Final destination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tissues sampled:</td>
<td></td>
</tr>
<tr>
<td>(Choose all that apply)</td>
<td></td>
</tr>
<tr>
<td>Liver</td>
<td></td>
</tr>
<tr>
<td>Kidney</td>
<td></td>
</tr>
<tr>
<td>Blubber</td>
<td></td>
</tr>
<tr>
<td>Stomach</td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
</tr>
<tr>
<td>Intestine</td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td></td>
</tr>
<tr>
<td>Pancreas</td>
<td></td>
</tr>
<tr>
<td>Adrenals</td>
<td></td>
</tr>
<tr>
<td>Brain</td>
<td></td>
</tr>
<tr>
<td>Muscle</td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
</tr>
<tr>
<td>Trachea</td>
<td></td>
</tr>
<tr>
<td>Spleen</td>
<td></td>
</tr>
<tr>
<td>Thymus</td>
<td></td>
</tr>
<tr>
<td>Colon</td>
<td></td>
</tr>
<tr>
<td>Thyroid</td>
<td></td>
</tr>
<tr>
<td>Esophagus</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>(Please list)</td>
<td></td>
</tr>
</tbody>
</table>

**Lymph Nodes:**

- [ ] Submandibular
- [ ] Prescapular
- [ ] Axillary
- [ ] Hilar
- [ ] Mesenteric

**Other LNs:**

(Please list)

**Other samples collected:**

<table>
<thead>
<tr>
<th>Teeth</th>
<th>Type of storage</th>
<th>Where located (Ind./Org.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genetics (skin):</td>
<td>(Z-frozen, F-formalin, DMSO, ETOH)</td>
<td></td>
</tr>
<tr>
<td>Skull:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reproductive tract:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammary tissue:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ovaries:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonads/testes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parasites:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List type and location: ........</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Stomach:**

<table>
<thead>
<tr>
<th>Stomach:</th>
<th>Where located (Ind./Org.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>List contents if applicable:</td>
<td></td>
</tr>
</tbody>
</table>

**Other contaminant samples:**

(List tissue type, storage type and where located)

**Additional samples:**

(List tissue type, purpose of collection, storage type and where located)

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OMB Control No.: 0648-0468
Expiration Date: 03/31/2018
<table>
<thead>
<tr>
<th>Field ID Number:</th>
<th>Genus species:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photos taken:</td>
<td>Yes</td>
</tr>
<tr>
<td>Video taken:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Disposition:  
(primary location for photos and/or video)

General comments:  
(Field notes)

General appearance of individual:

General appearance of organs:

NMRTM Protocol:  
Standard | Modified

Please note any modifications:

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

Form prepared by:  
Name  
Affiliation
# 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**

- [ ]

**Date**

- [ ]

### 2. Processor's signature

**Method of transfer to shipping stage**

- [ ]

**Date**

- [ ]

### 3. Shipper to NMMTB's signature

**Method of transfer to MESB**

- [ ]

**Date**

- [ ]

### 4. Receiver's signature

**Date**

- [ ]

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

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