National Marine Mammal Tissue Bank Form

Field ID: _____ Other ID Number: _____

Common Name: _____ Genus species: _____

Stranding Type: *(choose all that apply)*
- ☐ Single ☐ Incidental Take..... ☐ Fisheries ☐ Other (specify): _____
- ☐ Mass ☐ Live Capture..... ☐ Rescue ☐ Other (specify): _____
- ☐ UME ☐ Subsistence Add'l. Remarks: _____

Condition: *(choose one)* ○ Alive ○ Fresh Dead ○ Euthanized

If euthanized, with what and how much: _____

Was animal in rehabilitation? *(choose one)* ○ Yes ○ No *If yes:* _____ *Where:* _____ *From:* dd / mm / yy *To:* dd / mm / yy *(please attach cllinical/medical records)*

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: ☐ LN_2 ☐ -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):	Whole Blood (mL):	Plasma (mL)	Serum (mL):	Other:
A							
B							

OMB Control No.: 0648-0468
Expiration Date: 03/31/2018

National Marine Mammal Tissue Bank Form

Field ID: _____ Genus species: _____

Sex: ◉ Female ◉ Male

Total length: _____ ◉ cm ◉ in ◉ Actual ◉ Estimated

Total weight: _____ ◉ kg ◉ lb ◉ Actual ◉ Estimated

Age Class: *(choose one)* ◉ Adult ◉ Subadult ◉ Pup/calf ◉ Yearling ◉ Unknown | ◉ Actual ◉ Estimated

Age: GLG's: _____ Other: _____

Method used: _____ Date aged: dd /mm / yy

By whom: _____

Epiphysis: ◉ Open ◉ Closed fused ◉ Fused invis

Reproductive condition:

☐ Sexually Mature

☐ Pregnant

☐ Lactating

Fetus length: _____ ◉ cm ◉ in

Testis/Ovaries: *(cicle one)*

	Length:	Mid-Width:	Mid-depth:		Weight:	
Left:				◉ cm ◉ in		◉ kg ◉ lb
Right:						

Corpora lutea #: _____ Corpora albicantia #: _____ Corpora hemmorghagicum #: _____

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: _____

Total counts: ..... UL/LL: _____ UR/LR: _____

Girth:
- Axillary: _____
- Max: _____ ---- _____ *(Location)*
- Anal: _____

Blubber thickness:
- 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: _____

Girth of neck at shoulders: _____

Skull length: _____

Sea Otters:

Snout to angle of mouth: _____

Skull length: _____

Axillary girth: _____

Right forepaw width: _____

Skull width: _____

Tooth Wear: ◉ Heavy ◉ Med. ◉ Light ◉ None

Extimate of body fat stores:

	None:	Little:	Average:	Excessive:
Subcutaneous:	◉	◉	◉	◉
Groin: _____ cm	◉	◉	◉	◉
Kidneys:	◉	◉	◉	◉
Mesenteric:	◉	◉	◉	◉

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: _____ dd / mm / yy

(Please attach necropsy report) Date

Samples collected:

Histological samples:

Individual/Organization: _____ Final destination: _____

Tissues sampled: *(Choose all that apply)*

☐ Liver	☐ Kidney	☐ Blubber	☐ Stomach	☐ Heart	☐ Intestine
☐ 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: (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: *(List tissue type, storage type and where located)* _____

Additional samples: *(List tissue type, purpose of collection, storage type and where located)* _____

OMB Control No.: 0648-0468
Expiration Date: 03/31/2018

National Marine Mammal Tissue Bank

Field ID Number: _____ Genus species: _____

Photos taken: ◉ Yes ◉ No ◉ Digital ◉ Film If yes, how many? _____

(send copy with samples for NIST archive)

Video taken: ◉ Yes ◉ No

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

_____

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

OMB Control No.: 0648-0468
Expiration Date: 03/31/2018

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	dd / mm / yy Date
2.	Processor's signature	Method of transfer to shipping stage	dd / mm / yy Date
3.	Shipper to NMMTB's signature	Method of transfer to MESB	dd / mm / yy Date
4.	Receiver's signature		dd / mm / yy Date

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

PAPERWORK REDUCTION ACT INFORMATION

PUBLIC REPORTING BURDEN FOR THE COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 60 MINUTES PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THE COLLECTION INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THE BURDEN TO: CHIEF, MARINE MAMMAL AND SEA TURTLE CONSERVATION DIVISION, OFFICE OF PROTECTED RESOURCES, NOAA FISHERIES, 1315 EAST-WEST HIGHWAY, SILVER SPRING, MARYLAND 20910. NOT WITHSTANDING ANY OTHER PROVISION OF THE LAW, NO PERSON IS REQUIRED TO RESPOND, NOR SHALL ANY PERSON BE SUBJECTED TO A PENALTY FOR FAILURE TO COMPLY WITH, A COLLECTION OF INFORMATION SUBJECT TO THE REQUIREMENTS OF THE PAPERWORK REDUCTION ACT, UNLESS THE COLLECTION OF INFORMATION DISPLAYS A CURRENTLY VALID OFFICE OF MANAGEMENT AND BUDGET (OMB) CONTROL NUMBER.

OMB Control No.: 0648-0468
Expiration Date: 03/31/2018