# National Marine Mammal Tissue Bank Form

<table>
<thead>
<tr>
<th>Field ID:</th>
<th>Other ID Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Name:</td>
<td>Genus species:</td>
</tr>
</tbody>
</table>

## Collection Type:
- [ ] Single Strand
- [ ] Biopsy
- [ ] Repeat Event
- [ ] Mass Strand
- [ ] UME
- [ ] Rescue
- [ ] Other (specify):  
- [ ] Incidental Take
  (choose one)
- [ ] Fisheries or Other
- [ ] Subsistence
  (choose one)
- [ ] Clubbed
- [ ] Bow/Arrow
- [ ] Gunshot
- [ ] Other (specify):  

## Condition:
- [ ] Alive
- [ ] Fresh Dead (Code 2)
- [ ] Euthanized

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

Was animal in rehabilitation?
- [ ] Yes
- [ ] No

If yes:  
- 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

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

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:  
- Ambien temperature at processing:  
- 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:  
- [ ] LN2  
- [ ] -80° C  
- [ ] -20° C  
- [ ] Other:  

## Time shipped to NIST
- dd / mm / yy  
- hr

## Time received at NIST
- 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 #: 0648-0468
Expiration Date: 06/30/2024
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**Field ID:** ________________

**Genus species:** ________________

<table>
<thead>
<tr>
<th>Sex:</th>
<th>Female</th>
<th>Male</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total length:</td>
<td>cm</td>
<td>in</td>
<td>Actual</td>
</tr>
<tr>
<td>Total weight:</td>
<td>kg</td>
<td>lb</td>
<td>Actual</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Class:</th>
<th>Adult</th>
<th>Subadult</th>
<th>Pup/calf</th>
<th>Yearling</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total length:</td>
<td>cm</td>
<td>in</td>
<td>Actual</td>
<td>Estimated</td>
<td></td>
</tr>
<tr>
<td>Total weight:</td>
<td>kg</td>
<td>lb</td>
<td>Actual</td>
<td>Estimated</td>
<td></td>
</tr>
</tbody>
</table>

**Age:** ________________

**By whom:** ________________

**Date aged:** dd / mm / yy

**Method Used:**
- Teeth (GLG's)
- Baleen
- Bone
- Ear Plugs

**Disposition of specimen:**
- Photo
- Slide

(Please attach copy of photo or slide)

**Reproductive condition:**
- Sexually Mature
- Pregnant
- Lactating

**Testis/Ovaries:**
- Left: ________________
- Right: ________________

**Length:**
- Mid-Width: ________________
- Mid-depth: ________________

**Weight:**
- cm | g
- in | oz

**Epiphysis:**
- Open
- Closed fused
- Fused invis

**Fetus length:** ________________ cm | in

**Corpora lutea #:** ________________

**Corpora albicantia #:** ________________

**Corpora hemmorhagicum #:** ________________

**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: ________________
- Fluke width: ________________
- Fluke notch to anus: ________________
- Tooth counts: ________________
- UL/LL: ________________
- UR/LR: ________________

- Girth: ________________
- Axillary: ________________
- Max: ________________
- Anal: ________________
- Thoracic: ________________
- Dorsal: ________________
- Lateral: ________________
- Ventral: ________________

## Pinnipeds:

- Nose to tail length: ________________
- Ant. length of hind flipper: ________________
- Ant. length of foreflipper: ________________
- Blubber thickness over post. end of sternum: ________________
- Axillary girth: ________________
- Other blubber thickness: ________________
- Bacculum length: ________________
- 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
- Location: ________________
- Estimate of body fat stores: ________________
- None: ________________
- Little: ________________
- Average: ________________
- Excessive: ________________
- Subcutaneous: ________________
- Groin: ________________
- Kidneys: ________________
- Mesenteric: ________________

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### National Marine Mammal Tissue Bank

**Field ID Number:**

**Genus species:**

**Was animal necropsied?** Yes ☐ No ☐

*Necropsied by:

* (Please attach necropsy report)

**dd / mm / yy**

**Date**

#### Samples collected:

<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>Stomach</td>
</tr>
<tr>
<td>Kidney</td>
<td>Heart</td>
</tr>
<tr>
<td>Blubber</td>
<td>Intestine</td>
</tr>
<tr>
<td>Lung</td>
<td>Stomach</td>
</tr>
<tr>
<td>Pancreas</td>
<td>Heart</td>
</tr>
<tr>
<td>Adrenals</td>
<td>Intestine</td>
</tr>
<tr>
<td>Trachea</td>
<td>Bladder</td>
</tr>
<tr>
<td>Spleen</td>
<td>Brain</td>
</tr>
<tr>
<td>Thymus</td>
<td>Colon</td>
</tr>
<tr>
<td>Kidney</td>
<td>Thyroid</td>
</tr>
<tr>
<td>Pancreas</td>
<td>Esophagus</td>
</tr>
<tr>
<td>Spleen</td>
<td></td>
</tr>
<tr>
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<tr>
<td>Spleen</td>
<td></td>
</tr>
<tr>
<td>Thymus</td>
<td></td>
</tr>
</tbody>
</table>

**Other:**

* (Please list)

- **Lymph Nodes:**
  - Submandibular
  - Prescapular
  - Axillary
  - Hilar
  - Mesenteric
  - Other l.n.:

**Other samples collected:**

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

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**Photos taken of animal:**
- [ ] Yes
- [ ] No
- [ ] Digital
- [ ] Film

If yes, how many? ____________________________

(Please send copy with samples for NIST archive)

**Video taken of animal:**
- [ ] Yes
- [ ] No

Disposition:

(Primary location for photos and/or video)

**General comments:**

(Field notes)

**General appearance of individual:**

**General appearance of organs:**

**NMNMB 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

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# NMNTB's Chain of Custody

Field ID Number:  

Other ID Number:  

NMNTB Storage ID Numbers:  

<table>
<thead>
<tr>
<th>Step</th>
<th>Signature</th>
<th>Method of Transfer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Collector's signature</td>
<td>Method of transfer to processing stage</td>
<td>dd / mm / yy</td>
</tr>
<tr>
<td>2.</td>
<td>Processor's signature</td>
<td>Method of transfer to shipping stage</td>
<td>dd / mm / yy</td>
</tr>
<tr>
<td>3.</td>
<td>Shipper to NMNTB's signature</td>
<td>Method of transfer to NIST Biorepository</td>
<td>dd / mm / yy</td>
</tr>
<tr>
<td>4.</td>
<td>Receiver's signature</td>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

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

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