| J L I I I I I I I I I I I I I I I I I I | MESB Sample Processing |
|---|------------------------|
|   |                        |

National Marine Mammal Tissue Bank Form

Page 1 Other ID Number: Field ID: Genus species: Common Name: Collection Single Strand Biopsy Fisheries Clubbed Incidental Take or Type: Mass Strand Repeat Event Bow/Arrow Subsistence (choose one) Other UME Live Capture Release Gunshot (choose one) (specifiy): Rescue Other (specify): Other (specify): Condition: Was animal in rehabilitation? ● Alive ● Fresh Dead (Code 2) ● Euthanized (choose one) If yes: Where: If euthanized: With what: From: dd / mm / yy To: dd / mm / yy How much: (please attach cllinical/medical records) Where City/Island/Community: Animal Location: State: County: Ocean/Bay/Sea: Locality Details: Longitude: W (dec degrees) Latitude: N (dec degrees) Time of death..... dd / m / yy hr Place of Death: (Zulu) Rigor? OC OF Internal body temp. of animal: If transported before tissue removal: Length of Transport: Vehicle Type: Ambient weather condition: Remarks: Place of tissue removal: Time of tissue removal .... dd / mm / yy hr (Zulu) Internal body temp. of animal just before tissue removal: ◯C ◯F Wet ice Dry ice Transportation storage: Other: If transported before processing: 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: (Zulu) Ambient temperature at processing: hr Freezer type: LN2 -80° C -30° C Other: Time of interim freezing..... dd / mm / yy (Zulu) Time shipped to NIST..... dd / mm / yy hr (Zulu) Time received at NIST...... dd / mm / yy hr (Zulu) Additional comments: Whole Blubber (g): Liver (g): Kidney (g): Blood (mL): Plasma (mL) Serum (mL): Other: Sample weights: А В

National Marine Mammal Tissue Bank Form

| Animal | Information |
|--------|-------------|
| Page 2 |             |

| Field ID:  |   | Genus species      | :               |  |
|--|---|--------------------|-----------------|--|
| Sex: Female Male Total length:   | -   | cm ir              |                 | <ul><li>Estimated</li><li>Estimated</li></ul>  |
| (choose one)   | Estimated     Method Used:  | Teeth (GLG's)      |                 | ate aged: dd /mm / yy<br>Bone  Ear Plugs   |
| Epiphysis: 🔘 Open 🔘 Closed fused 🤇   | Fused invis   |                    | copy of photo o | or slide)  |
| Pregnant  Cci Lactating  |   | -Width: Mid-dep    | orpora hemmor   | Weight:<br>gradient gradient gra |
| Specify Units of Measurement: O cm O   | in  |                    |                 |  |
| Cetaceans:   |   |                    |                 |  |
| Snout to ant. ins. of flipper:   | Girth:  | Axillary:          |                 |  |
| Snout to center of genital aperture:   |   | Max:               |                 |  |
| Snout to center of anus:   |   | Anal:              |                 | (Location)   |
| Flipper length:  | Blubber thickness:  | Thoracic:          | -               |  |
| Fluke width:   |   | Dorsal:            |                 |  |
| Fluke notch to anus:   |   | Lateral:           |                 |  |
| Tooth counts: UL/LL:   | UR/LR:  | Ventral:           |                 |  |
| Pinnipeds:         Nose to tail length:         Ant. length of foreflipper:         Axillary girth:         Bacculum length: | Ant. length of hind flipper:<br>Blubber thickness over post<br>Other blubber thickness: | . end of sternum:  |                 | (Location)   |
| Polar Bears:<br>Girth of neck of axis:<br>Girth of neck at shoulders:  | Skull length:   |                    |                 |  |
| Sea Otters:  |   |                    |                 |  |
| Snout to angle of mouth:   | Right forepaw width:  |                    |                 |  |
| Skull length:  | Skull width:  |                    |                 |  |
| Axillary girth:  | Tooth Wear: 🔘 Heavy   | Med.               | 🔘 Light         | None   |
| Extimate of body fat stores:   | None:   | Little: Average:   | Excessive:      |  |
|  | Subcutaneous:   | $\odot$ $\bigcirc$ | $\bigcirc$      |  |
|  | Groin:cm  | $\odot$ $\bigcirc$ | $\bigcirc$      |  |
|  | Kidneys:  | $\odot$ $\bigcirc$ | $\bigcirc$      |  |
|  | Mesenteric:   | $\odot$ $\bigcirc$ | $\bigcirc$      |  |

**National Marine Mammal Tissue Bank** 

| Additional | Samples | List | - |
|------------|---------|------|---|
| Page 3     |         |      |   |

| Field ID Number:                                   |                      |              |                  | Genus sp          | ecies:           |            |  |
|--|----------------------|--------------|------------------|-------------------|------------------|------------|--|
| Was animal necropsied?                             | Yes                  | No           |                  |                   |                  |            |  |
| Necropsied by:                                     |                      |              |                  | dd / mm           | / уу             |            |  |
| (Plea  | se attach necrops    | y report)    |                  | Date              | <u>;</u>         |            |  |
| Samples collected:                                 |                      |              |                  |                   |                  |            |  |
| Histological samples:                              |                      |              |                  |                   |                  |            |  |
| Individual/Organiza                                | tion:                |              |                  | Final destination | ::               |            |  |
| Tissues sampled:                                   | Liver                | Kidney       | Blubber          | Stomach           | Heart            | Intestine  |  |
| (Choose all<br>that apply)                         | Lung                 | Pancreas     | Adrenals         | Brain             | Muscle           | Skin       |  |
|  | Trachea              | Spleen       | Thymus           | Colon             | Thyroid          | Esophagus  |  |
|  |                      |              |                  |                   |                  |            |  |
| Other:   |                      |              |                  |                   |                  |            |  |
| (Please  | e list)              |              |                  |                   |                  |            |  |
|  |                      |              |                  |                   |                  |            |  |
|  |                      |              |                  |                   |                  |            |  |
| Lymph Nodes:                                       |                      |              | capular 🔳 Axilla |                   | Mesenteric       |            |  |
|  | Other I.n.           | :            |                  |                   |                  |            |  |
|  |                      |              |                  |                   |                  |            |  |
| Other samples collected                            | :                    | Type of sto  | rage:            |                   | Where located (I | nd./Org.): |  |
|  |                      | (Z-frozen, F | -formalin, DMSO, | ETOH)             |                  |            |  |
| Teeth:   |                      |              |                  |                   |                  |            |  |
| Genetics (skin)                                    | :                    |              |                  |                   |                  |            |  |
| Skull:   |                      |              |                  |                   |                  |            |  |
| Reproductive tr                                    |                      |              |                  |                   |                  |            |  |
| Mammary tissu                                      | e:                   |              |                  |                   |                  |            |  |
| Ovaries:   |                      |              |                  |                   |                  |            |  |
| Gonads/testes:                                     |                      |              |                  |                   |                  |            |  |
| Parasites:   | f parasites:         | <u> </u>     | <u> </u>         |                   |                  |            |  |
|  | nd location:         |              | 21-100           | 101+              |                  |            |  |
| Stomach:   |                      |              |                  |                   |                  |            |  |
| List conten  | ts if applicable: ·· |              |                  |                   |                  |            |  |
|  |                      |              |                  |                   |                  |            |  |
| Other contaminant sam<br>(List tissue type, storag |                      |              |                  |                   |                  |            |  |
| type and where located                             | <i>n</i> —           |              |                  |                   |                  |            |  |
|  |                      |              |                  |                   |                  |            |  |
|  |                      |              |                  |                   |                  |            |  |
| Additional samples:                                |                      |              |                  |                   |                  |            |  |
| (List tissue type, purpos                          |                      |              |                  |                   |                  |            |  |
| collection, storage type<br>where located)         |                      |              |                  |                   |                  |            |  |
| WITCHE IULALEU)                                    |                      |              |                  |                   |                  |            |  |
|  |                      | _            |                  |                   |                  |            |  |
|  |                      |              |                  |                   |                  |            |  |

## National Marine Mammal Tissue Bank

| Field ID Number:                                 |                  |                        | Genus species:   |   |
|--|------------------|------------------------|--|---|
| Photos taken of animal: O Yes                    | s 🔘 No 📄 Digital | Film If yes, how many? |  |   |
| Video taken of animal:                           | s 🔘 No           |                        | ase send copy with samples for NIST archive)   | - |
| Disposition:                                     |                  |                        |  | ٦ |
| (primary location<br>for photos and/or<br>video) |                  |                        |  |   |
|  |                  |                        |  |   |
| General comments:                                |                  |                        |  |   |
| (Field notes)                                    |                  |                        |  |   |
|  |                  |                        |  |   |
|  |                  |                        |  |   |
| Conoral annoaranas of individual                 | . —              |                        |  |   |
| General appearance of individual                 | ·                |                        |  |   |
|  |                  |                        |  |   |
|  |                  |                        |  |   |
|  |                  |                        |  |   |
| General appearance of organs:                    |                  |                        |  |   |
|  |                  |                        |  |   |
|  |                  |                        |  |   |
|  |                  |                        |  |   |
|  |                  |                        |  |   |
| NMMTB Protocol:  Standard                        | Modified         |                        |  |   |
| Please note any modifications:                   |                  |                        |  |   |
|  |                  |                        |  | - |
|  |                  |                        |  | - |
|  |                  |                        |  |   |
| [  |                  |                        |  |   |
| Form prepared by:                                |                  |                        | A copy of this form and Level A Data Form should be shipped with samples to:                       |   |
|  | Name             |                        | ATTN: Rebecca Pugh<br>National Institute of Standards and Technology<br>Hollings Marine Laboratory |   |
|  | Affiliation      |                        | 331 Fort Johnson Rd<br>Charleston, SC 29412<br>(843) 762-8952                                      |   |
|  |                  |                        |  |   |

|    |   | NMMTB's Chain of Custody   |                      |
|----|---|--|----------------------|
| F  | ield ID Number:                                       |  |                      |
| C  | Other ID Number:                                      |  |                      |
| Ν  | IMMTB Storage ID Numbers:                             |  |                      |
|    |   |  |                      |
|    |   |  |                      |
| 1. |   |  | dd / mm / yy         |
| 1. | Collector's signature                                 | Method of transfer to processing stage                             | Date                 |
|    |   |  |                      |
| 2. |   |  | dd / mm / yy         |
| 2. | Processor's signature                                 | Method of transfer to shipping stage                               | dd / mm / yy<br>Date |
| 2. | Processor's signature                                 | Method of transfer to shipping stage                               |                      |
|    | Processor's signature<br>Shipper to NMMTB's signature | Method of transfer to shipping stage<br>Method of transfer to MESB | Date                 |
|    |   |  | Date                 |

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