



# 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  Actual  
 Pup/calf  Yearling  Estimated  
 Unknown

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

Testis/Ovaries:  
(circle one)

Length:

Mid-Width:

Mid-depth:

Weight:

Left: \_\_\_\_\_

Right: \_\_\_\_\_

cm

in

kg

lb

Fetus length: \_\_\_\_\_

cm

in

Corpora lutea #: \_\_\_\_\_

Corpora albicantia #: \_\_\_\_\_

Corpora hemmorrhagicum #: \_\_\_\_\_

**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: \_\_\_\_\_

Anal: \_\_\_\_\_ (Location)

Blubber thickness: \_\_\_\_\_

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: \_\_\_\_\_ (Location)

Bacculum length: \_\_\_\_\_

**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  Med.  Light  None

Estimate of body fat stores: \_\_\_\_\_

None: Little: Average: Excessive:

Subcutaneous:

Groin: \_\_\_\_\_ cm

Kidneys:

Mesenteric:

# 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:  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: \_\_\_\_\_  
     ■ *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:  Yes  No  Digital  Film If yes, how many? \_\_\_\_\_

Video taken:  Yes  No

*(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  
\_\_\_\_\_  
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

**NMMTB's Chain of Custody**

Field ID Number: \_\_\_\_\_

Other ID Number: \_\_\_\_\_

NMMTB Reference/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 MESB	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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