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# National Marine Mammal Tissue Bank Form

MESB Sample Processing -  
Page 1

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

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

Common Name: \_\_\_\_\_

Genus species: \_\_\_\_\_

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

Condition:  Alive  Fresh Dead  Euthanized  
*(choose one)*  
If euthanized, with what and how much: \_\_\_\_\_  
Was animal in rehabilitation?  Yes  No *If yes: \_\_\_\_\_ Where: \_\_\_\_\_ From: dd / mm / yy*  
*(choose one)* *(please attach clinical/medical records)* *To: dd / mm / yy*

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<sub>2</sub>  -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	_____	_____	_____	_____	_____	_____	_____

# 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:    /    /     
 By whom: \_\_\_\_\_  
 Epiphysis:  Open       Closed fused       Fused invis

Reproductive condition:      Length:      Mid-Width:      Mid-depth:      Weight:  
 Sexually Mature      Testis/Ovaries:      Left: \_\_\_\_\_  cm      \_\_\_\_\_  kg  
 Pregnant      *(circle one)*      Right: \_\_\_\_\_  in      \_\_\_\_\_  lb  
 Lactating  
 Fetus length: \_\_\_\_\_  cm      Corpora lutea #: \_\_\_\_\_      Corpora albicantia #: \_\_\_\_\_      Corpora hemorrhagica #: \_\_\_\_\_  
     in

**Specify Units of Measurement:**       cm       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: \_\_\_\_\_  
 Total counts: .....      UL/LL: \_\_\_\_\_      UR/LR: \_\_\_\_\_      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)*  
 Baculum 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: \_\_\_\_\_ Date:     /     /      
*(Please attach necropsy report)*

**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:	<hr/>	<hr/>
Genetics (skin):	<hr/>	<hr/>
Skull:	<hr/>	<hr/>
Reproductive tract:	<hr/>	<hr/>
Mammary tissue:	<hr/>	<hr/>
Ovaries:	<hr/>	<hr/>
Gonads/testes:	<hr/>	<hr/>
Parasites:	<hr/>	<hr/>
■ List type and location: .....	<hr/>	<hr/>
Stomach:	<hr/>	<hr/>
■ List contents if applicable: .....	<hr/>	<hr/>

Other contaminant samples: \_\_\_\_\_  
*(List tissue type, storage type and where located)*

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

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# 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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