

# Marmottes Sassièrè / Marmots Sassièrè

Date 17 / 05 / 2018 Time 11 h 15 N° Capture 7 Mesureur / Handling Coho 1374

Group ~~7 marmottes~~ E Piège/Trap \_\_\_\_\_

Recapture année précédente yes  même année   
previous year no  same year

**Marking**

Transpondeur n° 70B1A85 Color ⊕  
jaune

Metal n° K283 Oreille / ear G

Plastic n° \_\_\_\_\_ Oreille / ear \_\_\_\_\_ color \_\_\_\_\_

Logger yes  no

**Age**

M *Pup*

Y *Yearling*

2 ans *2 years old*

Autres *Other*

**Sex**

Male  Scrotal yes  no  unknown

Female  Allaitante *Lactating* yes  no  unknown  Gestante *Pregnant* yes  no  unknown

**Status**

Dominant yes  no  unknown

**Measures**

Masse corporelle / Body mass (g) 36.5 1.600

L. mandibule / Jaw (mm) 64.43

L. Patte ant. / Forefoot (mm) 54.0

L. Cubitus / Ulna (mm) 71.12

L. Patte post. / Hindfoot (mm) 79.66

L. Tibia / Tibia (mm) 86.89

L. TC / Body length (cm) 36.5

Larg. Tête zygomatique/ Zygomatic width (mm) 54.42

Larg. Bassin / Basin width (mm) 49.16

L. Incisives sup / Upper incisor (mm) /

L. testicule / testes (mm) Droite / right / Gauche / left /

**Prélèvements / Samples**

Crottes	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	feces	
Poils	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	hair	
Biopsie	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Biopsy	
TV (sang)	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Green tube	TV extract: nb: _____
TR (sang)	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Red tube	TR extract: nb: _____
Frotti	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Blood smear	
Eurytic	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Eurytic	
Leucotic	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Leucotic	
Hematocyte	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Hematocyte	Htot: <u>54,57</u> Hred: <u>30,00</u>
Phéromones J	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Jugal	
Phéromones B	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Bucal	
Phéromones A	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Anal	

Remarques / comments