

Marmottes Sassièrè / Marmots Sassièrè


4368

Date 17 / 05 / 2018 Time 11 h 15 N° Capture 9 Mesureur / Handling Cohas

Group I milieu Piège/Trap _____

Recapture année précédente yes même année
previous year no same year

Marking

Transpondeur n° 0708DC4F Color 

Metal n° K0289 Oreille / ear GL Color orange

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) 1.150

L. mandibule / Jaw (mm) 52.72

L. Patte ant. / Forefoot (mm) 49.26

L. Cubitus / Ulna (mm) 59.70

L. Patte post. / Hindfoot (mm) 72.29

L. Tibia / Tibia (mm) 73.80

L. TC / Body length (cm) 35.5

Larg. Tête zygomatique / Zygomatic width (mm) 51.42

Larg. Bassin / Basin width (mm) 41.68

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 type="checkbox"/>	no <input checked="" 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 type="checkbox"/>	no <input checked="" type="checkbox"/>	Blood smear	
Eurytic	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Eurytic	
Leucotic	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Leucotic	
Hematocyte	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Hematocyte	Htot: _____ Hred: _____
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