

# Marmottes Sassièrè / Marmots Sassièrè


881

Date 17 / 05 / 20 13 Time 17 h 25 N° Capture 14 Mesureur / Handling cahoo

Group FAC/TSAN Piège/Trap \_\_\_\_\_

Recapture année précédente / previous year yes  no  même année / same year

**Marking**

Transpondeur n° 2024F7A Color  orange

Metal n° ~~K047~~ 0051 Oreille / ear D/R D/R

Plastic 500 G. bleu n° 500 Oreille / ear G/L color bleu clair

Logger yes  no

**Age**

M Pup

Y Yearling

2 ans 2 years old

Autres Other  9

**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) 3.050

L. mandibule / Jaw (mm) 67.92

L. Patte ant. / Forefoot (mm) 45.16

L. Cubitus / Ulna (mm) 96.26

L. Patte post. / Hindfoot (mm) 80.47

L. Tibia / Tibia (mm) 102.28

L. TC / Body length (cm) 47.0

Larg. Tête zygomatique/ Zygomatic width (mm) 64.83

Larg. Bassin / Basin width (mm) 64.11

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>41,62</u> Hred: <u>25,03</u>
Phéromones J	yes <input checked="" type="checkbox"/>	no <input 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