


Marmottes Sassièrre / Marmots Sassièrre

Date 20/05/2013 Time 15 h 00 N° Capture 22 Mesureur / Handling coho 1310

Group P1 Piège/Trap _____

Recapture année précédente yes même année no
previous year same year

Marking

Transpondeur n° GF1DD EE Color 

Metal n° ~~K0005~~ 0028 Oreille / ear OG ~~bleu~~

Plastic n° _____ Oreille / ear _____ color _____

Logger yes no

Age

M Pupa

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) 9,125

L. mandibule / Jaw (mm) 62,67

L. Patte ant. / Forefoot (mm) 51,53

L. Cubitus / Ulna (mm) 77,23

L. Patte post. / Hindfoot (mm) 76,41

L. Tibia / Tibia (mm) 92,01

L. TC / Body length (cm) 38,5

Larg. Tête zygomatique/ Zygomatic width (mm) 59,38

Larg. Bassin / Basin width (mm) 53,62

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>44,65</u> Hred: <u>32,65</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