


Marmottes Sassièrè / Marmots Sassièrè

Date 20 / 05 / 20 13 Time 16 h 30 N° Capture 26 Mesureur / Handling Cobus 1362

Group N3 Piège/Trap _____

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

Marking

Transpondeur n° GF22CFC Color 

Metal n° KØ295 Oreille / ear OG

Plastic n° _____ Oreille / ear _____ color _____

Logger yes no

Age

M *Pup*
 Y *Yearling*
 2 ans *2 years old*
 Autres *Other*

~~A. Schlegel's~~

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) 1,350

L. mandibule / Jaw (mm) 60,80

L. Patte ant. / Forefoot (mm) 51,01

L. Cubitus / Ulna (mm) 64,14

L. Patte post. / Hindfoot (mm) 77,00

L. Tibia / Tibia (mm) 87,54

L. TC / Body length (cm) 35

Larg. Tête zygomatique / Zygomatic width (mm) 53,75

Larg. Bassin / Basin width (mm) 48,03

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	
Hématocryte	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hématocryte	Htot: <u>52,37</u> Hred: <u>29,40</u>
Phéromones J	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Jugal	
Phéromones B	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Bucal	
Phéromones A	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Anal	

Remarques / comments