

Marmottes Sassièrè / Marmots Sassièrè

1117

Date 20/05/2013

Time 17h45

N° Capture 27


Mesureur / Handling Che

Group P1

Piège/Trap _____

Recapture année précédente yes même année no
previous year same year

Marking

Transpondeur n° 2010499 Color 
 Metal n° A0434 Oreille / ear 06
 Plastic n° 95 Oreille / ear 02 color vert clair
 Logger yes no

Age

M Pup
 Y Yearling
 2 ans 2 years old
 Autres Other Sans Dominant

Sex

Male Scrotal yes no unknown
 Female Allaitante Lactating yes no unknown
 Reste restante yes no unknown
 Pregnant yes no unknown

Status

Dominant yes no unknown

Measures

Masse corporelle / Body mass (g) 3,43
 L. mandibule / Jaw (mm) 73,68
 L. Patte ant. / Forefoot (mm) 59,06
 L. Cubitus / Ulna (mm) 89,75
 L. Patte post. / Hindfoot (mm) 86,94
 L. Tibia / Tibia (mm) 103,09
 L. TC / Body length (cm) 46
 Larg. Tête zygomatique/ Zygomatic width (mm) 67,55
 Larg. Bassin / Basin width (mm) 65,34
 L. Incisives sup / Upper incisor (mm) _____
 L. testicule / testes (mm) Droite / right _____ Gauche / left _____

Prélèvements / Samples

Crottes	yes <input checked="" type="checkbox"/>	no <input 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>30,69</u> Hred: <u>19,51</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