

Marmottes Sassièrè / Marmots Sassièrè

the class

Date 16 / 05 / 2013

Time 17 h 50

N° Capture 28

Mesureur / Handling 4367

Group I milieu

Piège/Trap _____

Measures

Masse corporelle / Body mass (g) 1.130 kg

L. mandibule / Jaw (mm) 52.32

L. Patte ant. / Forefoot (mm) 49.80

L. Cubitus / Ulna (mm) 60.93

L. Patte post. / Hindfoot (mm) 72.75

L. Tibia / Tibia (mm) 79.19

L. TC / Body length (cm) 34 cm

Larg. Tête zygomatique / Zygomatic width (mm) 50.48

Larg. Bassin / Basin width (mm) 42.49

L. Incisives sup / Upper incisor (mm) _____

L. testicule / testes (mm) Droite / right _____ Gauche / left _____

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

Marking Transpondeur n° 708f030 Color Rond Rouge
 Metal n° K0288 Oreille / ear G
 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

Prélèvements / Samples

Crottes	yes	<input checked="" 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>60,20</u> Hred: <u>36,16</u>
Phéromones J	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Jugal	
Phéromones B	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Bucal	<i>→ urine</i>
Phéromones A	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Anal	

Remarques / comments