


# Marmottes Sassièr / Marmots Sassièr

Date 23/05/2013 Time 15 h 20 N° Capture ~~52~~ 53 Mesureur / Handling 1282

Group P2 Piège/Trap \_\_\_\_\_

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

Marking

Transpondeur n° 6 F 3 E D A 5 Color  rouge.

Metal n° 0254 Oreille / ear OG

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

Measures

Masse corporelle / Body mass (g) 3,390

L. mandibule / Jaw (mm) 69,09

L. Patte ant. / Forefoot (mm) 58,04

L. Cubitus / Ulna (mm) 87,59

L. Patte post. / Hindfoot (mm) 85,24

L. Tibia / Tibia (mm) 100,75

L. TC / Body length (cm) 45

Larg. Tête zygomatique / Zygomatic width (mm) 66,58

Larg. Bassin / Basin width (mm) 65,72

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 checked="" type="checkbox"/>	hair	
Biopsie	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Biopsy	
TV (sang)	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Green tube	TV extract: nb: <u>?</u>
TR (sang)	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Red tube	TR extract: nb: <u>?</u>
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>56,06</u> Hred: <u>39,45</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