

Marmottes Sassièr / Marmots Sassièr

Date 23/05/2013

Time 18 h 23

N° Capture ~~114~~ 56

Mesureur / Handling A. Cohas 1414


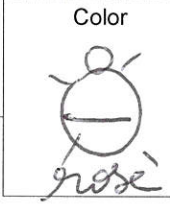
Group ~~114~~ Z Piège/Trap _____

Measures 57

Recapture année précédente yes même année
previous year no same year

Masse corporelle / Body mass (g) 2 380

Marking

Transpondeur n°  000708CF67 Color 

Metal n° 50 Oreille / ear 0D

Plastic n° _____ Oreille / ear _____ color _____

Logger yes no

L. mandibule / Jaw (mm) 62,00

L. Patte ant. / Forefoot (mm) 54,63

L. Cubitus / Ulna (mm) 79,41

L. Patte post. / Hindfoot (mm) 79,50

L. Tibia / Tibia (mm) 95,98

L. TC / Body length (cm) 41,00

Larg. Tête zygomatique / Zygomatic width (mm) 58,07

Larg. Bassin / Basin width (mm) 60,21

L. Incisives sup / Upper incisor (mm) _____

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

Age

M *Pup*

Y *Yearling*

2 ans *2 years old*

Autres *Other*

Prélèvements / Samples

Sex

Male Scrotal yes no unknown

Female Allaitante *Lactating* yes no unknown Gestante *Pregnant* yes no unknown

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: 114 ?
TR (sang)	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Red tube	TR extract: nb: 114 ?
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	
Hématocrite	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Hématocrite	Htot: <u>55,39</u> Hred: <u>45,97</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	

Status

Dominant yes no unknown

Remarques / comments