

Marmottes Sassièrè / Marmots Sassièrè

Date 03 / 06 / 2013

Time ___ h ___

N° Capture 132
~~130~~

Mesureur / Handling Cohen

1350

Group H

Piège/Trap _____

Recapture
 année précédente previous year yes no
 même année same year

Marking

Transpondeur n° 6F3D008

Color



Metal n° RØ278 Oreille / ear OD

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) 1350
 L. mandibule / Jaw (mm) 54,59
 L. Patte ant. / Forefoot (mm) 48,24
 L. Cubitus / Ulna (mm) 63,28
 L. Patte post. / Hindfoot (mm) 71,62
 L. Tibia / Tibia (mm) 82,66
 L. TC / Body length (cm) 36,5
 Larg. Tête zygomatique/ Zygomatic width (mm) 48,68
 Larg. Bassin / Basin width (mm) 45,93
 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 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	
Hématocyte	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hématocyte	Htot: <u>26,44</u> Hred: <u>13,05</u>
Phéromones J	yes <input type="checkbox"/>	no <input type="checkbox"/>	Jugal	
Phéromones B	yes <input type="checkbox"/>	no <input type="checkbox"/>	Bucal	
Phéromones A	yes <input type="checkbox"/>	no <input type="checkbox"/>	Anal	

Remarques / comments