

Marmottes Sassièrè / Marmots Sassièrè

Date 4 / 06 / 20 13 Time 12 h 15 N° Capture 142 Mesureur / Handling Tajani 1355

Group # Piège/Trap _____

Recapture année précédente yes même année
previous year no same year

Marking

Transpondeur n° 6F24P14 Color _____

Metal n° R0779 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) 1,040

L. mandibule / Jaw (mm) 51,60

L. Patte ant. / Forefoot (mm) 50,99

L. Cubitus / Ulna (mm) 60,35

L. Patte post. / Hindfoot (mm) 67,83

L. Tibia / Tibia (mm) ~~67,83~~ 70,48

L. TC / Body length (cm) 33,5

Larg. Tête zygomatique / Zygomatic width (mm) 48,02

Larg. Bassin / Basin width (mm) 41,77

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 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>28,95</u> Hred: <u>16,44</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	
Phéromones A	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Anal	

Remarques / comments