

Marmottes Sassièr / Marmots Sassièr


1346

Date 06/06/2013 Time 11h05 N° Capture 151 Mesureur / Handling Che

Group H Piège/Trap _____

Recapture année précédente *previous year* même année *same year*

Marking

Transpondeur n° GF3F629 Color 

Metal n° K0204 Oreille / ear 06

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) 1.330

L. mandibule / Jaw (mm) 55.04

L. Patte ant. / Forefoot (mm) 48.69

L. Cubitus / Ulna (mm) 64.05

L. Patte post. / Hindfoot (mm) 74.78

L. Tibia / Tibia (mm) 82.97

L. TC / Body length (cm) 35

Larg. Tête zygomatique / Zygomatic width (mm) 50.19

Larg. Bassin / Basin width (mm) 47.05

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	
Hématocryte	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hématocryte	Htot: <u>42,95</u> Hred: <u>20,10</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