

# Marmottes Sassièr / Marmots Sassièr

1617

Date 08/06/2013 Time 15h30 N° Capture 164 Mesureur / Handling \_\_\_\_\_

Group L Piège/Trap \_\_\_\_\_

Recapture année précédente  yes  
previous year  no même année  2<sup>e</sup>  
same year

Marking

Transpondeur	n°	<u>6F3C234</u>	Color
Metal	n°	<u>6084</u>	Oreille / ear <u>OG</u>
Plastic	n°	<u>600</u>	Oreille / ear <u>00</u> color <u>vert clair</u>
Logger	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	

Age

M Pupa	<input type="checkbox"/>
Y Yearling	<input type="checkbox"/>
2 ans 2 years old	<input type="checkbox"/>
Autres Other	<input checked="" type="checkbox"/>

Sex

Male <input checked="" type="checkbox"/>	Scrotal	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	unknown <input type="checkbox"/>
Female <input type="checkbox"/>	Allaitante Lactating	yes <input type="checkbox"/>	no <input type="checkbox"/>	unknown <input type="checkbox"/>
	Gestante Pregnant	yes <input type="checkbox"/>	no <input type="checkbox"/>	unknown <input type="checkbox"/>

Status

Dominant	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	unknown <input type="checkbox"/>
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**Measures**

Masse corporelle / Body mass (g) 3600g

L. mandibule / Jaw (mm) \_\_\_\_\_

L. Patte ant. / Forefoot (mm) \_\_\_\_\_

L. Cubitus / Ulna (mm) \_\_\_\_\_

L. Patte post. / Hindfoot (mm) \_\_\_\_\_

L. Tibia / Tibia (mm) \_\_\_\_\_

L. TC / Body length (cm) \_\_\_\_\_

Larg. Tête zygomatique/ Zygomatic width (mm) \_\_\_\_\_

Larg. Bassin / Basin width (mm) \_\_\_\_\_

L. Incisives sup / Upper incisor (mm) \_\_\_\_\_

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

**Prélèvements / Samples**

Crottes	yes <input type="checkbox"/>	no <input type="checkbox"/>	feces	
Poils	yes <input type="checkbox"/>	no <input type="checkbox"/>	hair	
Biopsie	yes <input type="checkbox"/>	no <input type="checkbox"/>	Biopsy	
TV (sang)	yes <input type="checkbox"/>	no <input type="checkbox"/>	Green tube	TV extract: nb: _____
TR (sang)	yes <input type="checkbox"/>	no <input type="checkbox"/>	Red tube	TR extract: nb: _____
Frotti	yes <input type="checkbox"/>	no <input type="checkbox"/>	Blood smear	
Eurytic	yes <input type="checkbox"/>	no <input type="checkbox"/>	Eurytic	
Leucotic	yes <input type="checkbox"/>	no <input type="checkbox"/>	Leucotic	
Hematocyte	yes <input type="checkbox"/>	no <input type="checkbox"/>	Hematocyte	Htot: _____ Hred: _____
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