

Marmottes Sassièrè / Marmots Sassièrè

1428

Date 09/06/2013

Time 19h30

N° Capture 173

Mesureur / Handling A Cohas

Group V Piège/Trap _____

Recapture
 année précédente / previous year yes / no
 même année / same year 275

Marking

Transpondeur	n°	<u>6F1FEEA</u>	Color	<u>(X) ROUGE</u>
Metal	n°	<u>0486</u>	Oreille / ear	<u>OD</u>
Plastic	n°	<u>305</u>	Oreille / ear	<u>OD</u>
			color	<u>rouge</u>
Logger	yes	<input checked="" type="checkbox"/>	no	<input 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) _____

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	
Hématocryte	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Hématocryte	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