

# Marmottes Sassièrè / Marmots Sassièrè


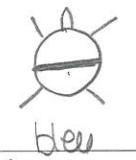
1435

Date 13 / 06 / 2013 Time 9 h 25 N° Capture 489 Mesureur / Handling A. Gohaw

Group U Piège/Trap \_\_\_\_\_

Recapture année précédente  yes   
previous year no  même année   
same year

**Marking**

Transpondeur n°  0007073623 Color  bleu

Metal n° K 271 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) 1 690

L. mandibule / Jaw (mm) 61,01

L. Patte ant. / Forefoot (mm) 55,29

L. Cubitus / Ulna (mm) 69,26

L. Patte post. / Hindfoot (mm) 80,79

L. Tibia / Tibia (mm) 88,85

L. TC / Body length (cm) 38

Larg. Tête zygomatique / Zygomatic width (mm) 54,22

Larg. Bassin / Basin width (mm) 45,82

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 checked="" type="checkbox"/>	no	<input 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>54,68</u> Hred: <u>29,95</u>
Phéromones J	yes	<input checked="" type="checkbox"/>	no	<input 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