

Marmottes Sassièrè / Marmots Sassièrè

1258

Date 16 / 06 / 20 B Time 12 h 10 N° Capture 200 Mesureur / Handling _____

Group B talus Piège/Trap _____

Recapture année précédente / previous year yes no même année / same year 6e

Marking

Transpondeur	n°	<u>GF1 F8 BE</u>	Color
Metal	n°	<u>2026</u> Oreille / ear <u>06</u>	
Plastic	n°	<u>308</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"/> <u>AN</u> <u>3005</u>

Sex

Male	<input checked="" type="checkbox"/>	Scrotal	yes <input 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"/>
----------	---	-----------------------------	----------------------------------

Measures

Masse corporelle / Body mass (g) 3600

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
TR (sang)	yes <input type="checkbox"/>	no <input type="checkbox"/>	Red tube
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
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

TV extract: nb: _____

TR extract: nb: _____

Htot: _____ Hred: _____

Remarques / comments _____