

# Marmottes Sassièrre / Marmots Sassièrre

1373.

Date 19 / 06 / 20 13

Time 14 h 30

N° Capture 210

Mesureur / Handling                     

Group E

Piège/Trap                     

**Measures**

Masse corporelle / Body mass (g) 2,625.

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                     

Recapture   
 année précédente / previous year    yes     no    
 même année / same year     2

**Marking**

Transpondeur n° 6F1E563    Color                     

Metal n° K0209 Oreille / ear 0D

Plastic n°                      Oreille / ear                      color                     

Logger    yes     no

**Age**

M Pup

Y Yearling  2

2 ans 2 years old

Autres Other

**Sex**

Male     Scrotal    yes     no     unknown

Female  2    Allaitante / Lactating    yes     no     unknown     Gestante / Pregnant    yes     no     unknown

**Status**

Dominant    yes     no     unknown

**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: <u>                    </u>
TR (sang)	yes <input type="checkbox"/>	no <input type="checkbox"/>	Red tube	TR extract: nb: <u>                    </u>
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: <u>                    </u> Hred: <u>                    </u>
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