


Marmottes Sassièrè / Marmots Sassièrè

Date 01 / 07 / 2013 Time 9 h 30 N° Capture 252 Mesureur / Handling Cohas 1460

Group P1 Piège/Trap _____

Recapture année précédente yes même année
previous year no same year

Marking

Transpondeur n°  000708EEF5 Color _____

Metal n° 0550 Oreille / ear OD

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) 585

L. mandibule / Jaw (mm) 47,17

L. Patte ant. / Forefoot (mm) 39,55

L. Cubitus / Ulna (mm) 46,44

L. Patte post. / Hindfoot (mm) 60,83

L. Tibia / Tibia (mm) 58,89

L. TC / Body length (cm) 25,5

Larg. Tête zygomaticue/ Zygomatic width (mm) 14,81

Larg. Bassin / Basin width (mm) 33,45

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 type="checkbox"/>	no	<input checked="" type="checkbox"/>	Green tube	TV extract: nb: <u>0</u>
TR (sang)	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Red tube	TR extract: nb: <u>0</u>
Frotti	yes	<input type="checkbox"/>	no	<input checked="" 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	
Hematocyte	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Hematocyte	Htot: <u>54,21</u> Hred: <u>32,18</u>
Phéromones J	yes	<input type="checkbox"/>	no	<input checked="" 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 Trognon.