


Marmottes Sassièrè / Marmots Sassièrè

Date 01 / 07 / 20 13 Time 10 h00 N° Capture 256 Mesureur / Handling Cohas 1482

Group Z Piège/Trap _____

Recapture année précédente yes même année
previous year *no* *same year*

Marking

Transpondeur n°  0006F1F74E Color _____

Metal n° # 0802 Oreille / ear 00

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 yes
Lactating no
unknown

Gestante yes
Pregnant no
unknown

Status

Dominant yes no unknown

Measures

Masse corporelle / Body mass (g) 200

L. mandibule / Jaw (mm) 39,44

L. Patte ant. / Forefoot (mm) 30,61

L. Cubitus / Ulna (mm) 37,82

L. Patte post. / Hindfoot (mm) 45,02

L. Tibia / Tibia (mm) 46,55

L. TC / Body length (cm) 18,50

Larg. Tête zygomatique/ Zygomatic width (mm) 35,13

Larg. Bassin / Basin width (mm) 23,70

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: <u>1</u>
TR (sang)	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Red tube	TR extract: nb: <u>0</u>
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	
Hematocyte	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Hematocyte	Htot: <u>27,46</u> Hred: <u>13,79</u>
Phéromones J	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Jugal	
Phéromones B	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Bucal	
Phéromones A	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Anal	

Remarques / comments Zaza