

Marmottes Sassièrè / Marmots Sassièrè

4466.

Date 01/07/2013

Time 20 h00

N° Capture 258

Mesureur / Handling Cobari

Group F

Piège/Trap _____

Recapture année précédente yes même année
previous year no same year

Marking

Transpondeur n°  0007072160 Color _____
 Metal n° 0805 Oreille / ear 06
 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) 340 g.
 L. mandibule / Jaw (mm) 43,86.
 L. Patte ant. / Forefoot (mm) 35,75
 L. Cubitus / Ulna (mm) 42,11
 L. Patte post. / Hindfoot (mm) 52,27.
 L. Tibia / Tibia (mm) 51,12.
 L. TC / Body length (cm) 22.
 Larg. Tête zygomatique/ Zygomatic width (mm) 38,12.
 Larg. Bassin / Basin width (mm) 24,21.
 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>37,09</u> Hred: <u>17,67</u>
Phéromones J	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Jugal	
Phéromones B	yes	<input checked="" type="checkbox"/>	no	<input checked="" type="checkbox"/>	Bucal	
Phéromones A	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Anal	

Remarques / comments

Fanfan