

# Marmottes Sassièrè / Marmots Sassièrè

Date 02 / 07 / 20 13

Time 10 h 35

N° Capture 263

Mesureur / Handling Cobos

1471

Group B talus

Piège/Trap \_\_\_\_\_

Recapture année précédente  yes  même année   
previous year no  same year

Marking

Transpondeur n°  Color \_\_\_\_\_  
000708C3D7

Metal n° 547 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 yes  no  unknown   
Lactating Gestante yes  no  unknown   
Pregnant

Status

Dominant yes  no  unknown

## Measures

Masse corporelle / Body mass (g) 315 g.

L. mandibule / Jaw (mm) 41,21.

L. Patte ant. / Forefoot (mm) 36,78.

L. Cubitus / Ulna (mm) 39,78.

L. Patte post. / Hindfoot (mm) 53,03.

L. Tibia / Tibia (mm) 50,65.

L. TC / Body length (cm) 20,50.

Larg. Tête zygomatique/ Zygomatic width (mm) 38,74.

Larg. Bassin / Basin width (mm) 24,65.

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	
Hématocyte	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Hématocyte	Htot: <u>6410</u> Hred: <u>20,72</u>
Phéromones J	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Jugal	
Phéromones B	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Bucal	
Phéromones A	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Anal	

Remarques / comments

*Bouche*