

# Marmottes Sassièr / Marmots Sassièr


1330


Date 02 / 06 / 2013 Time 18 h 15 N° Capture 127 Mesureur / Handling Cohu

Group P3 Piège/Trap \_\_\_\_\_

Recapture année précédente yes  même année   
previous year no same year

Marking

Transpondeur n° 6F1F338 Color 

Metal n° K252 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) 2.190

L. mandibule / Jaw (mm) 62.29

L. Patte ant. / Forefoot (mm) 55.04

L. Cubitus / Ulna (mm) 78.73

L. Patte post. / Hindfoot (mm) 79.61

L. Tibia / Tibia (mm) 96.73

L. TC / Body length (cm) 40.5

Larg. Tête zygomatique / Zygomatic width (mm) 60.57

Larg. Bassin / Basin width (mm) 51.98

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>?</u>
TR (sang)	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Red tube	TR extract: nb: <u>?</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	
Hématocryte	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Hématocryte	Htot: <u>56.61</u> Hred: <u>31.43</u>
Phéromones J	yes	<input checked="" type="checkbox"/>	no	<input 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

PDFfill PDF Editor with Free Writer and Tools