

Marmottes Sassièr / Marmots Sassièr

1396

Date 03/06/2013

Time 15h00


N° Capture 131

Mesureur / Handling A. Cohas

Group P3 Piège/Trap _____

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

Marking

Transpondeur n° 706A2E3 Color 

Metal n° ~~KT 0045~~ Oreille / ear 06 ~~RO 005~~

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) 1,070

L. mandibule / Jaw (mm) 53,00

L. Patte ant. / Forefoot (mm) 68,74

L. Cubitus / Ulna (mm) 54,44

L. Patte post. / Hindfoot (mm) 76,05

L. Tibia / Tibia (mm) 75,22

L. TC / Body length (cm) 33,5

Larg. Tête zygomatique / Zygomatic width (mm) 49,21

Larg. Bassin / Basin width (mm) 40,58

Incisives sup / Upper incisor (mm) _____

L. testicule / testes (mm) Droite / right _____ Gauche / left _____

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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: _____
TR (sang)	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Red tube	TR extract: nb: _____
Frotti	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Blood smear	
Eurytic	yes <input checked="" type="checkbox"/>	no <input checked="" type="checkbox"/>	Eurytic	
Leucotic	yes <input checked="" type="checkbox"/>	no <input checked="" type="checkbox"/>	Leucotic	
Hématocyte	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hématocyte	Htot: <u>21,56</u> Hred: <u>10,40</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	3

Remarques / comments