

# Marmottes Sassièrè / Marmots Sassièrè

Date 03 / 06 / 2013

Time \_\_\_ h \_\_\_

N° Capture 132  
~~130~~


Mesureur / Handling Cohes

1350

Group H

Piège/Trap \_\_\_\_\_

Recapture   
 année précédente previous year yes  no    
 même année same year

Marking   
 Transpondeur n° 6F3D008 Color    
 Metal n° RØ278 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 Lactating yes  no  unknown    
 Gestante Pregnant yes  no  unknown

Status   
 Dominant yes  no  unknown

## Measures

Masse corporelle / Body mass (g) 1350   
 L. mandibule / Jaw (mm) 54,59   
 L. Patte ant. / Forefoot (mm) 48,24   
 L. Cubitus / Ulna (mm) 63,28   
 L. Patte post. / Hindfoot (mm) 71,62   
 L. Tibia / Tibia (mm) 82,66   
 L. TC / Body length (mm) 36,5   
 Larg. Tête zygomatique / Zygomatic width (mm) 48,68   
 Larg. Bassin / Basin width (mm) 45,93   
 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 type="checkbox"/>	no <input type="checkbox"/>	Biopsy	
TV (sang)	yes <input checked="" type="checkbox"/>	no <input 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 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>26,44</u> Hred: <u>13,05</u>
Phéromones J	yes <input type="checkbox"/>	no <input 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	

Remarques / comments

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