

Marmottes Sassièrè / Marmots Sassièrè

1134

Date 4 / 06 / 20 13

Time 11 h 50

N° Capture 147


Mesureur / Handling Tajani

Group C/E

Piège/Trap _____

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

Marking

Transpondeur n° 1C7F1A4 Color 

Metal n° A 105 Oreille / ear OD

Plastic n° 488 Oreille / ear OE color blue

Logger yes no

Age

M *Pup*

Y *Yearling*

2 ans *2 years old*

Autres *Other* 5m

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) 4,230

L. mandibule / Jaw (mm) 74,22

L. Patte ant. / Forefoot (mm) 62,27

L. Cubitus / Ulna (mm) 97,35

L. Patte post. / Hindfoot (mm) 86,37

L. Tibia / Tibia (mm) 99,57

L. TC / Body length (cm) 51

Larg. Tête zygomatique / Zygomatic width (mm) 78,17

Larg. Bassin / Basin width (mm) 66,09

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: _____
TR (sang)	yes	<input checked="" type="checkbox"/>	no	<input 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	
Hématocryte	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Hématocryte	Htot: <u>56</u> Hred: <u>33,44</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

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