

# Marmottes Sassièr / Marmots Sassièr

Date 04 / 06 / 2013 Time 16 h 30 N° Capture 143 Mesureur / Handling Tajani 1095

Group P2 Piège/Trap \_\_\_\_\_

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

**Marking**

Transpondeur n° 2024B6B Color \_\_\_\_\_

Metal n° k115 Oreille / ear 06

Plastic n° k116 Oreille / ear 03 color orange

Logger yes  no

**Age**

M Pup

Y Yearling

2 ans 2 years old

Autres Other  5

**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) 4,31 kg

L. mandibule / Jaw (mm) 76,80

L. Patte ant. / Forefoot (mm) 62,71

L. Cubitus / Ulna (mm) 92,08

L. Patte post. / Hindfoot (mm) 82,04

L. Tibia / Tibia (mm) 103,92

L. TC / Body length (cm) 50

Larg. Tête zygomatique / Zygomatic width (mm) 70,96

Larg. Bassin / Basin width (mm) 69,49

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>50,48</u> Hred: <u>31,05</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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