

Marmottes Sassièr / Marmots Sassièr


1199

Date 10/06/2013 Time 10h55 N° Capture 179 Mesureur / Handling Cohod

Group N2 Piège/Trap _____

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

Marking

Transpondeur n° 202545D Color 

Metal n° K126 Oreille / ear OD

Plastic n° 81 Oreille / ear OG color Blanc

Logger yes no

Age

M *Pup*

Y *Yearling*

2 ans *2 years old*

Autres *Other* u

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) 4040

L. mandibule / Jaw (mm) 70,21

L. Patte ant. / Forefoot (mm) 56,29

L. Cubitus / Ulna (mm) 87,12

L. Patte post. / Hindfoot (mm) 82,05

L. Tibia / Tibia (mm) 97,64

L. TC / Body length (cm) 48

Larg. Tête zygomatique / Zygomatic width (mm) 64,89

Larg. Bassin / Basin width (mm) 63,96

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>19,90</u> Hred: <u>10,84</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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