


Marmottes Sassièrè / Marmots Sassièrè

Date 29/06/2013 Time 8h45 N° Capture 238 Mesureur / Handling Cohas 1498

Group N Piège/Trap _____

Recapture année précédente yes même année
previous year no same year

Marking

Transpondeur n°  Color _____
0006F1E782

Metal n° 0525 Oreille / ear 00

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 yes no unknown
Lactating Gestante yes no unknown
Pregnant

Status

Dominant yes no unknown

Measures

Masse corporelle / Body mass (g) 300 350

L. mandibule / Jaw (mm) 44,55

L. Patte ant. / Forefoot (mm) 35,02

L. Cubitus / Ulna (mm) 40,39

L. Patte post. / Hindfoot (mm) 51,83

L. Tibia / Tibia (mm) 51,95

L. TC / Body length (mm) 21,5

Larg. Tête zygomatique / Zygomatic width (mm) 39,77

Larg. Bassin / Basin width (mm) 25,84

L. Incisives sup / Upper incisor (mm) 0

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: <u>1</u>
TR (sang)	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Red tube	TR extract: nb: <u>0</u>
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 checked="" type="checkbox"/>	Hématocryte	Htot: <u>45,01</u> Hred: <u>21,63</u>
Phéromones J	yes	<input type="checkbox"/>	no	<input checked="" 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

Sote

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