


Marmottes Sassièrè / Marmots Sassièrè

Date 30 / 06 / 2013 Time 12 h 20 N° Capture 241 Mesureur / Handling Cohes 1450

Group P1 Piège/Trap _____

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

Marking
 Transpondeur n°  0006F210CA Color _____
 Metal n° 0014 Oreille / ear 06
 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) 550 g 600
 L. mandibule / Jaw (mm) 47,63
 L. Patte ant. / Forefoot (mm) 41,91
 L. Cubitus / Ulna (mm) 47,23
 L. Patte post. / Hindfoot (mm) 66,36
 L. Tibia / Tibia (mm) 59,29
 L. TC / Body length (mm) 24,5
 Larg. Tête zygomatique / Zygomatic width (mm) 44,08
 Larg. Bassin / Basin width (mm) 33,77
 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 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	
Hematocryte	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hematocryte	Htot: <u>45,60</u> Hred: <u>24,42</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

Noyau

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