

Marmottes Sassièrre / Marmots Sassièrre

Date 30 / 06 / 2013

Time 13h 30

N° Capture 247

Mesureur / Handling Colas

1456

Group N3

Piège/Trap _____

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

Marking	Transpondeur n° <u>0006F1EFCC</u>	Color
	Metal n° <u>0097</u> Oreille / ear <u>02</u>	
	Plastic n° _____ Oreille / ear _____ color _____	
	Logger yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	

Measures

Masse corporelle / Body mass (g) 25g

L. mandibule / Jaw (mm) 44,07

L. Patte ant. / Forefoot (mm) 34p1

L. Cubitus / Ulna (mm) 37,70

L. Patte post. / Hindfoot (mm) 49,11

L. Tibia / Tibia (mm) 48,03

L. TC / Body length (mm) 20

Larg. Tête zygomatique / Zygomatic width (mm) 37,94

Larg. Bassin / Basin width (mm) 25,51

L. Incisives sup / Upper incisor (mm) _____

L. testicule / testes (mm) Droite / right _____ Gauche / left _____

Age

M Pup	<input checked="" type="checkbox"/>
Y Yearling	<input type="checkbox"/>
2 ans 2 years old	<input type="checkbox"/>
Autres Other	<input type="checkbox"/>

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 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	
Hematocyte	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hematocyte	Htot: <u>55,30</u> Hred: <u>31,57</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	

Sex

Male <input type="checkbox"/>	Scrotal	yes <input type="checkbox"/>	no <input type="checkbox"/>	unknown <input type="checkbox"/>
Female <input checked="" type="checkbox"/>	Allaitante / Lactating	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	unknown <input type="checkbox"/>
	Gestante / Pregnant	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	unknown <input type="checkbox"/>

Status

Dominant	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	unknown <input type="checkbox"/>
----------	------------------------------	--	----------------------------------

Remarques / comments Etamine

PDFfill PDF Editor with Free Writer and Tools