

Marmottes Sassièrè / Marmots Sassièrè

885

Date 20 / 05 / 2013

Time 17 h 15

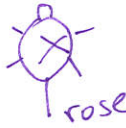
N° Capture 25

Mesureur / Handling Cohas

Group B

Piège/Trap _____

Recapture
 année précédente previous year yes no
 même année same year

Marking
 Transpondeur n° 2024975 Color
 Metal n° A449 Oreille / ear OD 
 Plastic n° 95 Oreille / ear OG color rouge
 Logger yes no

Age
 M Pup
 Y Yearling
 2 ans 2 years old
 Autres Other 9

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) 2,760
 L. mandibule / Jaw (mm) 65,42
 L. Patte ant. / Forefoot (mm) 57,44
 L. Cubitus / Ulna (mm) 84,02
 L. Patte post. / Hindfoot (mm) 81,64
 L. Tibia / Tibia (mm) 98,23
 L. TC / Body length (cm) 46,5
 Larg. Tête zygomatique / Zygomatic width (mm) 62,17
 Larg. Bassin / Basin width (mm) 65,17
 Incisives sup / Upper incisor (mm) _____
 L. testicule / testes (mm) Droite / right _____ Gauche / left _____

Prélèvements / Samples

Crottes	yes <input checked="" 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	
Hématocyte	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hématocyte	Htot: <u>58,08</u> Hred: <u>35,32</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 Morsure pat ant. gauche
Très maigre

PDFfill PDF Editor with Free Writer and Tools