

Marmottes Sassièrè / Marmots Sassièrè

Date 20 / 05 / 20 13

Time ___h___

N° Capture 26

Mesureur / Handling Cohas.


822

Group Chalet

Piège/Trap _____

Recapture année précédente yes même année no
previous year same year

Marking

Transpondeur n° 20251BG Color 

Metal n° A394 Oreille / ear OG

Plastic n° 298 Oreille / ear OD color rose

Logger yes no

Age

M *Pup*

Y *Yearling*

2 ans *2 years old*

Autres *Other* 10

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) 3,650

L. mandibule / Jaw (mm) 74,56

L. Patte ant. / Forefoot (mm) 59,16

L. Cubitus / Ulna (mm) 89,09

L. Patte post. / Hindfoot (mm) 85,84

L. Tibia / Tibia (mm) 104,87

L. TC / Body length (cm) 48

Larg. Tête zygomatique / Zygomatic width (mm) 68,11

Larg. Bassin / Basin width (mm) 69,83

Incisives sup / Upper incisor (mm) _____

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

Prélèvements / Samples

Crottes	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	feces	
Poils	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	hair	
Biopsie	yes <input 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>81,80</u> Hred: <u>40,56</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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