


# Marmottes Sassièrre / Marmots Sassièrre

Date 22 / 05 / 2013 Time 12 h 30 N° Capture 39 Mesureur / Handling Tafari 1348

Group G Piège/Trap \_\_\_\_\_

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

**Marking**

Transpondeur n° 6F1E960 Color 

Metal n° ~~K0274~~ 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) 1685

L. mandibule / Jaw (mm) 56,90

L. Patte ant. / Forefoot (mm) 50,94

L. Cubitus / Ulna (mm) ~~73,04~~ 69,39

L. Patte post. / Hindfoot (mm) 72,97

L. Tibia / Tibia (mm) 79,15

L. TC / Body length (mm) 38

Larg. Tête zygomatique / Zygomatic width (mm) 50,37

Larg. Bassin / Basin width (mm) 49,06

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: _____
TR (sang)	yes	<input checked="" type="checkbox"/>	no	<input checked="" 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	
Hematocyte	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Hematocyte	Htot: <u>52,85</u> Hred: <u>32,60</u>
Phéromones J	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Jugal	
Phéromones B	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Bucal	
Phéromones A	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Anal	

Remarques / comments

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