

Marmottes Sassièr / Marmots Sassièr

1332

Date 23/05/2013

Time 10h50

N° Capture ~~177~~ 48

Mesureur / Handling ~~cho~~ N. Tafani

Group Fac Tsan

Piège/Trap _____

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

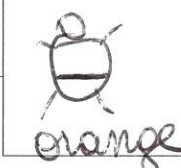
Marking

Transpondeur n° 6 F 20 6 E B

Metal n° 4085 Oreille / ear OG

Plastic n° _____ Oreille / ear _____ color _____

Logger yes no



orange

Age

M Pupa

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) 2550

L. mandibule / Jaw (mm) 67,16

L. Patte ant. / Forefoot (mm) 57,38

L. Cubitus / Ulna (mm) 83,48

L. Patte post. / Hindfoot (mm) 82,81

L. Tibia / Tibia (mm) 94,48

L. TC / Body length (cm) 45,00

Larg. Tête zygomatique / Zygomatic width (mm) 62,56

Larg. Bassin / Basin width (mm) 53,86

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>6</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	
Hématocyte	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hematocyte	Htot: <u>57,6</u> Hred: <u>37,86</u>
Phéromones J	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Jugal	→ pas bcp
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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