

Marmottes Sassièrè / Marmots Sassièrè

1366

Date 16 / 05 / 2013

Time 15 h 00

N° Capture 5

Mesureur / Handling cohas

Group Imilien

Piège/Trap _____

Recapture année précédente yes même année
previous year no same year

Marking

Transpondeur n° 7072CE7

Color



Metal n° ~~10291~~ 0026 Oreille / ear G/L

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) 1175

L. mandibule / Jaw (mm) 54,18

L. Patte ant. / Forefoot (mm) 56,63

L. Cubitus / Ulna (mm) 63,11

L. Patte post. / Hindfoot (mm) 74,47

L. Tibia / Tibia (mm) 80,04

L. TC / Body length (mm) 35,0

Larg. Tête zygomatique / Zygomatic width (mm) 49,11

Larg. Bassin / Basin width (mm) 45,40

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>1</u>
Frotti	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Blood smear	
Eurytic	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Eurytic	
Leucotic	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Leucotic	
Hematocyte	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Hematocyte	Htot: <u>24,6</u> Hred: <u>13,43</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	

Remarques / comments

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