

Marmottes Sassièrre / Marmots Sassièrre


1343

Date 16 / 05 / 2013 Time 17 h 45 N° Capture 6 Mesureur / Handling Colras

Group C Piège/Trap _____

Recapture année précédente yes
previous year même année no
same year

Marking

Transpondeur n° 0708D3032 Color 

Metal n° 10248 Oreille / ear G

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) 1.750

L. mandibule / Jaw (mm) 58.25

L. Patte ant. / Forefoot (mm) 53.51

L. Cubitus / Ulna (mm) 67.46

L. Patte post. / Hindfoot (mm) 80.18

L. Tibia / Tibia (mm) 84.68

L. TC / Body length (mm) 39

Larg. Tête zygomatique / Zygomatic width (mm) 54.91

Larg. Bassin / Basin width (mm) 50.10

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>60,66</u> Hred: <u>36,25</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