


Marmottes Sassièrè / Marmots Sassièrè

Date 17/05/2018 Time 11h15 N° Capture 8 Mesureur / Handling Cohen 1379

Group ~~T. sassièrè~~ E Piège/Trap _____

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

Marking

Transpondeur n° 70800AG Color 

Metal n° K0770 Oreille / ear D/R

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) 1.500

L. mandibule / Jaw (mm) 54.74

L. Patte ant. / Forefoot (mm) 49.22

L. Cubitus / Ulna (mm) 63.99

L. Patte post. / Hindfoot (mm) 76.09

L. Tibia / Tibia (mm) 85.04

L. TC / Body length (mm) 36.5

Larg. Tête zygomatique / Zygomatic width (mm) 52.14

Larg. Bassin / Basin width (mm) 49.47

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 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>64,86</u> Hred: <u>38,87</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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