

Marmottes Sassièrè / Marmots Sassièrè

1321

Date 28/05/2013

Time 13h30

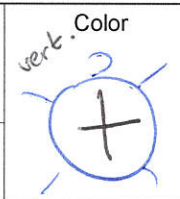
N° Capture 86

Mesureur / Handling _____

Group C Piège/Trap _____

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

Marking
 Transpondeur n° 6F1F750
 Metal n° K0840 Oreille / ear 01
 Plastic n° _____ Oreille / ear _____ color _____
 Logger yes no



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) 2,920
 L. mandibule / Jaw (mm) 68,56
 L. Patte ant. / Forefoot (mm) 57,42
 L. Cubitus / Ulna (mm) 80,59
 L. Patte post. / Hindfoot (mm) 84,16
 L. Tibia / Tibia (mm) 89,94
 L. TC / Body length (mm) 15
 Larg. Tête zygomatique / Zygomatic width (mm) 61,60
 Larg. Bassin / Basin width (mm) 61,69
 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>??</u>
TR (sang)	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Red tube	TR extract: nb: <u>?</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	
Hematocyte	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Hematocyte	Htot: <u>51,24</u> Hred: <u>39,69</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