

Marmottes Sassièrre / Marmots Sassièrre

Date 29 / 05 / 2013 Time 1 h 15 N° Capture 921 Mesureur / Handling Cheas 1622

Group [scribble] Piège/Trap _____

Measures

Masse corporelle / Body mass (g) 9,890 g

L. mandibule / Jaw (mm) 68,81

L. Patte ant. / Forefoot (mm) 58,64

L. Cubitus / Ulna (mm) 82,52

L. Patte post. / Hindfoot (mm) 84,85

L. Tibia / Tibia (mm) 102,95

L. TC / Body length (mm) 45,50

Larg. Tête zygomatique / Zygomatic width (mm) 62,90



Larg. Bassin / Basin width (mm) 61,98

L. Incisives sup / Upper incisor (mm) _____

L. testicule / testes (mm) Droite / right _____ Gauche / left _____

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

Marking

Transpondeur n°  000708DA34 Color 

Metal n° 0475 Oreille / ear OC

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

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	
Hématocrite	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Hematocrite	Htot: <u>51,35</u> Hred: <u>3372</u>
Phéromones J	yes	<input checked="" type="checkbox"/>	no	<input 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