

Marmottes Sassièrre / Marmots Sassièrre

1304

Date 29/05/2013

Time 15 h 00

N° Capture 93

Mesureur / Handling ~~...~~

Group F

Piège/Trap _____

Measures

Masse corporelle / Body mass (g)

3,150 g

L. mandibule / Jaw (mm)

L. Patte ant. / Forefoot (mm)

L. Cubitus / Ulna (mm)

L. Patte post. / Hindfoot (mm)

L. Tibia / Tibia (mm)

L. TC / Body length (cm)

Larg. Tête zygomatique / Zygomatic width (mm)

Larg. Bassin / Basin width (mm)

Incisives sup / Upper incisor (mm)

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

Gauche / left _____

Recapture

année précédente / previous year
yes
no

même année / same year
 2nd recapture

Marking

Transpondeur n° 6F20EFG

Color

Metal n° K0082 Oreille / ear 06

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 type="checkbox"/> | feces | |
| Poils | yes <input type="checkbox"/> | no <input type="checkbox"/> | hair | |
| Biopsie | yes <input type="checkbox"/> | no <input type="checkbox"/> | Biopsy | |
| TV (sang) | yes <input type="checkbox"/> | no <input type="checkbox"/> | Green tube | TV extract: nb: _____ |
| TR (sang) | yes <input type="checkbox"/> | no <input type="checkbox"/> | Red tube | TR extract: nb: _____ |
| Frotti | yes <input type="checkbox"/> | no <input type="checkbox"/> | Blood smear | |
| Eurytic | yes <input type="checkbox"/> | no <input type="checkbox"/> | Eurytic | |
| Leucotic | yes <input type="checkbox"/> | no <input type="checkbox"/> | Leucotic | |
| Hématocyte | yes <input type="checkbox"/> | no <input type="checkbox"/> | Hématocyte | Htot: _____ Hred: _____ |
| Phéromones J | yes <input type="checkbox"/> | no <input type="checkbox"/> | Jugal | |
| Phéromones B | yes <input type="checkbox"/> | no <input type="checkbox"/> | Bucal | |
| Phéromones A | yes <input type="checkbox"/> | no <input type="checkbox"/> | Anal | |

Remarques / comments

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