

Marmottes Sassièrè / Marmots Sassièrè

1324
Nauwona

Date 30/05/2013

Time 11 h 30

N° Capture 99

Mesureur / Handling

Group RAC

Piège/Trap _____

Measures

Masse corporelle / Body mass (g) 2,730g

L. mandibule / Jaw (mm) 68,34

L. Patte ant. / Forefoot (mm) 59,16

L. Cubitus / Ulna (mm) 85,47

L. Patte post. / Hindfoot (mm) 76,61

L. Tibia / Tibia (mm) 95,42

L. TC / Body length (mm) 46,50

Larg. Tête zygomatique / Zygomatic width (mm) 62,51

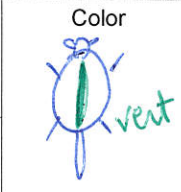
Larg. Bassin / Basin width (mm) 67,92

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: 1^{er} capture

Marking

Transpondeur n° GF2048ER Color 

Metal n° K0057 Oreille / ear OG

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>67,34</u> Hred: <u>45,57</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

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