

# Marmottes Sassièrre / Marmots Sassièrre

Date 16 / 05 / 2014 Time 12h 10 N° Capture 5 Mesureur / Handling C. Uhart 1495

Group Imitation Piège/Trap \_\_\_\_\_

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

**Marking**

Transpondeur n° 708 C 8 2 A Color O  
 Metal n° 0327 Oreille / ear OG ROUGE  
 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) 1900g  
 L. mandibule / Jaw (mm) 58.18  
 L. Patte ant. / Forefoot (mm) 55.06  
 L. Cubitus / Ulna (mm) 67.85  
 L. Patte post. / Hindfoot (mm) 79.27  
 L. Tibia / Tibia (mm) 89.95  
 L. TC / Body length (cm) 39.5  
 Larg. Tête zygomatique / Zygomatic width (mm) 56.34  
 Larg. Bassin / Basin width (mm) 50.34  
 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>01</u>
TR (sang)	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Red tube	TR extract: nb: <u>0</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	
Hématocyte	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Hématocyte	Htot: <u>19.36</u> Hred: <u>9.82</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