

Marmottes Sassièrè / Marmots Sassièrè

Date 16 / 05 / 20 14

Time 13 h 35

N° Capture 13

Mesureur / Handling COHAS

1487

Group E

Piège/Trap _____

Recapture année précédente previous year yes no même année same year

Marking

Transpondeur n° 708 C 297 Color BLEU

Metal n° ~~075~~ 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

Measures

Masse corporelle / Body mass (g) 1750 g

L. mandibule / Jaw (mm) 58 51

L. Patte ant. / Forefoot (mm) 55 35

L. Cubitus / Ulna (mm) 69 39

L. Patte post. / Hindfoot (mm) 80 62

L. Tibia / Tibia (mm) 89 77

L. TC / Body length (cm) 37,5

Larg. Tête zygomatique/ Zygomatic width (mm) 53 37

Larg. Bassin / Basin width (mm) 49 10

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"/>	Hematocyte	Htot: <u>49.82</u> Hred: <u>28.47</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