

Marmottes Sassièrre / Marmots Sassièrre

Date 17/07/2019 Time 14h50 N° Capture 33 Mesureur / Handling Aurèlie 1221

Group E talus Piège/Trap _____

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

Marking

Transpondeur n° 6F1EC6C Color 0

Metal n° K148 Oreille / ear OG jaune

Plastic n° 208 Oreille / ear OD color rose

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) 3950

L. mandibule / Jaw (mm) 76.89

L. Patte ant. / Forefoot (mm) 58.05

L. Cubitus / Ulna (mm) 94.21

L. Patte post. / Hindfoot (mm) 87.29

L. Tibia / Tibia (mm) 110.95

L. TC / Body length (cm) 50

Larg. Tête zygomatique / Zygomatic width (mm) 72.12

Larg. Bassin / Basin width (mm) 73.00

L. Incisives sup / Upper incisor (mm) _____

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

Prélèvements / Samples

Crottes	yes <input checked="" type="checkbox"/>	no <input 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>1</u>
TR (sang)	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Red tube	TR extract: nb: <u>1</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	
Hématocryte	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hématocryte	Htot: <u>36,56</u> Hred: <u>22,30</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