

Marmottes Sassièrre / Marmots Sassièrre

4439

Date 12 / 05 / 20 14

Time 14 h 00

N° Capture 35

Mesureur / Handling

Group E

Piège/Trap

Recapture année précédente / previous year yes no

même année / same year 2

Marking	Transpondeur	n°	<u>708BFB1</u>	Color	
	Metal	n°	Oreille / ear	<u>bleu</u>	
	Plastic	n°	Oreille / ear		color
	Logger	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>

Age	M	Pup	<input type="checkbox"/>
	Y	Yearling	<input checked="" type="checkbox"/>
	2 ans	2 years old	<input type="checkbox"/>
	Autres	Other	<input type="checkbox"/>

Sex	Male	<input checked="" type="checkbox"/>	Scrotal	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	unknown	<input type="checkbox"/>
	Female	<input type="checkbox"/>	Allaitante / Lactating	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	unknown	<input type="checkbox"/>
			Gestante / Pregnant	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	unknown	<input type="checkbox"/>

Status	Dominant	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	unknown	<input type="checkbox"/>

Measures

Masse corporelle / Body mass (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)

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

Remarques / comments