

Marmottes Sassièrre / Marmots Sassièrre

1471

Date 19/05/2014

Time 11 h 40

N° Capture ~~114~~ 56 Mesureur / Handling Cobus

Group B Talus

Piège/Trap _____

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

Marking

Transpondeur n° 708C3D7 Color _____

Metal n° 0547 Oreille / ear OD VNT

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) 1600g

L. mandibule / Jaw (mm) 55,53

L. Patte ant. / Forefoot (mm) 51,50

L. Cubitus / Ulna (mm) 66,70

L. Patte post. / Hindfoot (mm) 76,93

L. Tibia / Tibia (mm) 87,51

L. TC / Body length (cm) 32,8 ?

Larg. Tête zygomatique / Zygomatic width (mm) 53,54

Larg. Bassin / Basin width (mm) 47,42

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 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>3650</u> Hred: <u>1693</u>
Phéromones J	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Jugal	
Phéromones B	yes <input checked="" type="checkbox"/>	no <input checked="" type="checkbox"/>	Bucal	
Phéromones A	yes <input checked="" type="checkbox"/>	no <input checked="" type="checkbox"/>	Anal	

Remarques / comments