

Marmottes Sassièr / Marmots Sassièr

Date 19 / 05 / 20 14 Time 15 h 00 N° Capture 59 Mesureur / Handling Cohas 1298

Group E/adult Piège/Trap _____

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

Marking

Transpondeur n° GF1E858 Color 1

Metal n° K0055 Oreille / ear OD noir

Plastic n° 303 352 Oreille / ear OG color vert clair

Logger yes no

Age

M *Pup*

Y *Yearling*

2 ans *2 years old*

Autres *Other* 3

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) 3525

L. mandibule / Jaw (mm) 64.03

L. Patte ant. / Forefoot (mm) 53.34

L. Cubitus / Ulna (mm) 82.73

L. Patte post. / Hindfoot (mm) 83.81

L. Tibia / Tibia (mm) 94.51

L. TC / Body length (cm) 46

Larg. Tête zygomatique / Zygomatic width (mm) 66.35

Larg. Bassin / Basin width (mm) 61.69

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	
Hématocyte	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hematocyte	Htot: <u>3750</u> Hred: <u>16.89</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