

Marmottes Sassièrre / Marmots Sassièrre

1703

Date 20/05/2013 Time 13h10 N° Capture 67 Mesureur / Handling Colin

Group G Piège/Trap _____

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

Marking

Transpondeur n° 20264A2 Color X
 Metal n° A0131 Oreille / ear OG roui
 Plastic n° 35 Oreille / ear OD color jaune
 Logger yes no

Age

M Pup
 Y Yearling
 2 ans 2 years old
 Autres Other 6

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) 4150
 L. mandibule / Jaw (mm) 70,88
 L. Patte ant. / Forefoot (mm) 55,45
 L. Cubitus / Ulna (mm) 86,26
 L. Patte post. / Hindfoot (mm) 81,33
 L. Tibia / Tibia (mm) 98,53
 L. TC / Body length (cm) ~~47,0~~ 47,0
 Larg. Tête zygomatique / Zygomatic width (mm) 68,35
 Larg. Bassin / Basin width (mm) 69,71
 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>37,89</u> Hred: <u>21,34</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

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