

Marmottes Sassièrre / Marmots Sassièrre

1067

Date 20/05/2014

Time 18 h 25
(19 h 30)

N° Capture 76

Mesureur / Handling C. Chaz

Group NB

Piège/Trap ✓

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

Marking

Transpondeur	n°	<u>69B1E6E</u>	Color	<u>+</u> <u>jaune</u>
Metal	n°	<u>0253</u>	Oreille / ear	<u>G</u>
Plastic	n°	<u>14</u>	Oreille / ear	<u>D</u> color <u>jaune</u>
Logger	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>

Measures

Masse corporelle / Body mass (g) 3025

L. mandibule / Jaw (mm) 21.85

L. Patte ant. / Forefoot (mm) 66.21

L. Cubitus / Ulna (mm) 92.35

L. Patte post. / Hindfoot (mm) ~~71.00~~ 85.00

L. Tibia / Tibia (mm) ~~77~~ 102.08

L. TC / Body length (cm) 48

Larg. Tête zygomatique / Zygomatic width (mm) 55.15

Larg. Bassin / Basin width (mm) 69.31

L. Incisives sup / Upper incisor (mm) ✓

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

Age

M Pup	<input type="checkbox"/>
Y Yearling	<input type="checkbox"/>
2 ans 2 years old	<input type="checkbox"/>
Autres Other	<input checked="" type="checkbox"/> <u>7 ans</u>

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>33.62</u> Hred: <u>22.84</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	

Sex

Male	<input checked="" type="checkbox"/>	Scrotal	yes	<input checked="" 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 checked="" type="checkbox"/>	no	<input type="checkbox"/>	unknown	<input type="checkbox"/>
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Remarques / comments Morsure mandibule gauche