

Marmottes Sassièrre / Marmots Sassièrre

Date 21 / 05 / 2014

Time 10 h 30

N° Capture 87

Mesureur / Handling _____

1447

Group N

Piège/Trap _____

Recapture année précédente / previous year yes no

même année / same year 2

Marking	Transpondeur n° <u>708CEFD</u>	Color
	Metal n° <u>0524</u> Oreille / ear <u>OD</u>	
	Plastic n° _____ Oreille / ear _____ color _____	
	Logger yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	

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

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

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

Measures

Masse corporelle / Body mass (g)	<u>1325</u>
L. mandibule / Jaw (mm)	<u>/</u>
L. Patte ant. / Forefoot (mm)	<u>/</u>
L. Cubitus / Ulna (mm)	<u>/</u>
L. Patte post. / Hindfoot (mm)	<u>/</u>
L. Tibia / Tibia (mm)	<u>/</u>
L. TC / Body length (cm)	<u>/</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>/</u>
Larg. Bassin / Basin width (mm)	<u>/</u>
L. Incisives sup / Upper incisor (mm)	<u>/</u>
L. testicule / testes (mm) Droite / right <input checked="" type="checkbox"/> Gauche / left <input checked="" type="checkbox"/>	

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
TR (sang)	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Red tube
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
Hématocryte	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Hematocryte
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

TV extract: nb: /
TR extract: nb: /
Htot: / Hred: /

Remarques / comments