

Marmottes Sassièr / Marmots Sassièr

1445

Date 22/05/2014 Time 10 h 00 N° Capture 105 Mesureur / Handling _____

Group CE Piège/Trap _____

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

Marking

Transpondeur n° 708 CDEC Color _____

Metal n° 0020 Oreille / ear D

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) 1950 g

L. mandibule / Jaw (mm) _____

L. Patte ant. / Forefoot (mm) _____

L. Cubitus / Ulna (mm) _____

L. Patte post. / Hindfoot (mm) _____

L. Tibia / Tibia (mm) _____

L. TC / Body length (cm) _____

Larg. Tête zygomatique / Zygomatic width (mm) _____

Larg. Bassin / Basin width (mm) _____

L. Incisives sup / Upper incisor (mm) _____

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

Prélèvements / Samples

| | | | |
|--------------|------------------------------|--|-------------|
| Crottes | yes <input type="checkbox"/> | no <input checked="" 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 _____