

Marmottes Sassièrè / Marmots Sassièrè

Date 22/05/2014

Time 17h45

N° Capture 117

Mesureur / Handling Cobas

1422

Group T

Piège/Trap _____

Recapture

année précédente yes
previous year

même année no
same year

Marking

Transpondeur n° 708DA34

Color

+
ORANGE

Metal n° 0075 Oreille / ear OG

Plastic n° _____ Oreille / ear _____ color _____

Logger yes no

Age

M Pup
Y Yearling
2 ans 2 years old
Autres Other
3

Sex

Male Scrotal yes
no
unknown

Female Allaitante yes
Lactating no
unknown Gestante yes
Pregnant no
unknown

Status

Dominant yes no unknown

Measures

Masse corporelle / Body mass (g) 4000

L. mandibule / Jaw (mm) 72.25

L. Patte ant. / Forefoot (mm) 58.85

L. Cubitus / Ulna (mm) 87.56

L. Patte post. / Hindfoot (mm) 86.63

L. Tibia / Tibia (mm) 99.98

L. TC / Body length (cm) 46.5

Larg. Tête zygomatique / Zygomatic width (mm) 65.25

Larg. Bassin / Basin width (mm) 66.92

L. Incisives sup / Upper incisor (mm) /

5500
1590
L. testicule / testes (mm) Droite / right / Gauche / left /

Prélèvements / Samples

Crottes	yes <input type="checkbox"/>	no <input checked="" 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>76,58</u> Hred: <u>8,35</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

Norsine com