

## Marmottes Sassièrè / Marmots Sassièrè

 Date 23 / 05 / 20 14

 Time 14 h 00

 N° Capture 126

 Mesureur / Handling                     
1481

 Group E

 Piège/Trap                     

 Recapture année précédente previous year  yes  no  même année same year  3

Marking	Transpondeur n° <u>708 C297</u>	Color <u>                    </u>
	Metal n° <u>0376</u> Oreille / ear <u>6</u>	
	Plastic n° <u>                    </u> Oreille / ear <u>                    </u> color <u>                    </u>	
Logger <span style="margin-left: 20px;">yes</span> <input type="checkbox"/> <span style="margin-left: 20px;">no</span> <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 checked="" type="checkbox"/>	Scrotal <span style="margin-left: 20px;">yes</span> <input type="checkbox"/> <span style="margin-left: 20px;">no</span> <input checked="" type="checkbox"/> <span style="margin-left: 20px;">unknown</span> <input type="checkbox"/>
	Female <input type="checkbox"/>	Allaitante <i>Lactating</i> <span style="margin-left: 20px;">yes</span> <input type="checkbox"/> <span style="margin-left: 20px;">no</span> <input type="checkbox"/> <span style="margin-left: 20px;">unknown</span> <input type="checkbox"/> <span style="margin-left: 20px;">Gestante <i>Pregnant</i></span> <span style="margin-left: 20px;">yes</span> <input type="checkbox"/> <span style="margin-left: 20px;">no</span> <input type="checkbox"/> <span style="margin-left: 20px;">unknown</span> <input type="checkbox"/>

Status	Dominant <span style="margin-left: 20px;">yes</span> <input type="checkbox"/> <span style="margin-left: 20px;">no</span> <input checked="" type="checkbox"/> <span style="margin-left: 20px;">unknown</span> <input type="checkbox"/>
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### Measures

Masse corporelle / Body mass (g)	<u>1950 g</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 <u>                    </u> Gauche / left <u>                    </u>	

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

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

 Remarques / comments