

## Marmottes Sassièrè / Marmots Sassièrè

Date 23 / 05 / 2014

Time 16 h 00

N° Capture 129

Mesureur / Handling                     

1441

Group T

Piège/Trap                     

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

**Marking**

Transpondeur n° 706 A34E Color

Metal n°                      Oreille / ear                     

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) 2300 - 600 = 1700

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 type="checkbox"/>	feces	
Poils	yes <input type="checkbox"/>	no <input type="checkbox"/>	hair	
Biopsie	yes <input type="checkbox"/>	no <input type="checkbox"/>	Biopsy	
TV (sang)	yes <input type="checkbox"/>	no <input type="checkbox"/>	Green tube	TV extract: nb: <u>                    </u>
TR (sang)	yes <input type="checkbox"/>	no <input type="checkbox"/>	Red tube	TR extract: nb: <u>                    </u>
Frotti	yes <input type="checkbox"/>	no <input type="checkbox"/>	Blood smear	
Eurytic	yes <input type="checkbox"/>	no <input type="checkbox"/>	Eurytic	
Leucotic	yes <input type="checkbox"/>	no <input type="checkbox"/>	Leucotic	
Hématocyte	yes <input type="checkbox"/>	no <input type="checkbox"/>	Hematocyte	Htot: <u>                    </u> Hred: <u>                    </u>
Phéromones J	yes <input type="checkbox"/>	no <input type="checkbox"/>	Jugal	
Phéromones B	yes <input type="checkbox"/>	no <input type="checkbox"/>	Bucal	
Phéromones A	yes <input type="checkbox"/>	no <input type="checkbox"/>	Anal	

Remarques / comments