

Marmottes Sassièrè / Marmots Sassièrè

Date 24/05/2014 Time 15h40 N° Capture 143 Mesureur / Handling 1484

Group C Piège/Trap /

Recapture année précédente / previous year yes no même année / same year 4

Marking

Transpondeur n° 708C932 Color /

Metal n° 0328 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) 1725g

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 checked="" 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 | |
| Hematocyte | 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