

Marmottes Sassièrè / Marmots Sassièrè

Date 24 105 12014 Time 18 h 00 N° Capture 145 Mesureur / Handling [Signature] 1445

Group CE Piège/Trap [Signature]

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

Marking

Transpondeur n° 708CDEC Color [Signature]

Metal n° 0020 Oreille / ear D

Plastic n° [Signature] Oreille / ear [Signature] color [Signature]

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) 2250 g

L. mandibule / Jaw (mm) [Signature]

L. Patte ant. / Forefoot (mm) [Signature]

L. Cubitus / Ulna (mm) [Signature]

L. Patte post. / Hindfoot (mm) [Signature]

L. Tibia / Tibia (mm) [Signature]

L. TC / Body length (cm) [Signature]

Larg. Tête zygomatique / Zygomatic width (mm) [Signature]

Larg. Bassin / Basin width (mm) [Signature]

L. Incisives sup / Upper incisor (mm) [Signature]

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

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	TV extract: nb: <u>[Signature]</u>
TR (sang)	yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Red tube	TR extract: nb: <u>[Signature]</u>
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"/>	Hématocryte	Htot: <u>[Signature]</u> Hred: <u>[Signature]</u>
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	

Remarques / comments