

Marmottes Sassièrè / Marmots Sassièrè

Date 25/5/2014 Time 9 h 15 N° Capture 152 Mesureur / Handling Cohen 1246

Group Chalek Piège/Trap _____

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

Marking

Transpondeur n° 6F21795 Color _____

Metal n° K0118 Oreille / ear OD Rouge

Plastic n° _____ Oreille / ear _____ color _____

Logger yes no

Age

M Pupa

Y Yearling

2 ans 2 years old

Autres Other 4

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) 3450

L. mandibule / Jaw (mm) 68.27

L. Patte ant. / Forefoot (mm) 55.95

L. Cubitus / Ulna (mm) 81.94

L. Patte post. / Hindfoot (mm) 80.62

L. Tibia / Tibia (mm) 97.20

L. TC / Body length (cm) 45.5

Larg. Tête zygomatique / Zygomatic width (mm) 64.48

Larg. Bassin / Basin width (mm) 68.95

L. Incisives sup / Upper incisor (mm) _____

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 type="checkbox"/>	no <input checked="" type="checkbox"/>	Red tube	TR extract: nb: <u>0</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	
Hématocyte	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hematocyte	Htot: <u>41.37</u> Hred: <u>23.66</u>
Phéromones J	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Jugal	
Phéromones B	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Bucal	
Phéromones A	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Anal	

Remarques / comments Normale cou