

Marmottes Sassièrè / Marmots Sassièrè

1134

Date 31/05/2014 Time 17h00 N° Capture 206 Mesureur / Handling Cohao

Group C/E Piège/Trap

Recapture année précédente / previous year yes no même année / same year 1

Marking

Transpondeur n° 1C7F1A4 Color _____

Metal A0409 n° ~~A0409~~ Oreille / ear D

Plastic n° 488 Oreille / ear G color bleu

Logger yes no

Age

M *Pup*

Y *Yearling*

2 ans *2 years old*

Autres *Other* S

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) 4025

L. mandibule / Jaw (mm) 72.66

L. Patte ant. / Forefoot (mm) 58.31

L. Cubitus / Ulna (mm) 87.22

L. Patte post. / Hindfoot (mm) 86.58

L. Tibia / Tibia (mm) 101.37

L. TC / Body length (cm) 47.5

Larg. Tête zygomatique / Zygomatic width (mm) 63.74

Larg. Bassin / Basin width (mm) 65.86

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: _____
TR (sang)	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Red tube	TR extract: nb: _____
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	
Hematocyte	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Hematocyte	Htot: <u>52.92</u> Hred: <u>28.96</u>
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	

Remarques / comments