

# Marmottes Sassièrè / Marmots Sassièrè

Date 3 10 2014

Time 12 h 17

N° Capture ~~213~~ <sup>213</sup>

Mesureur / Handling                     

1465

Group F

Piège/Trap (captation en N)

Recapture année précédente / previous year yes  no

même année / same year  4

**Marking**

Transpondeur n° 708C2A3 Color

Metal n° 0090 Oreille / ear OD

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) 3200 - 1625 = 1575

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