

Marmottes Sassièrre / Marmots Sassièrre

1501

Date 10/06/2014 Time 18 h 00 N° Capture 230 Mesureur / Handling _____

Group P3 Piège/Trap _____

Recapture année précédente / previous year yes no même année / same year 6

Marking

Transpondeur n° 708BB89 Color _____

Metal n° 0375 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) 2750 - ~~1625~~ - 2125

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