

Marmottes Sassièrè / Marmots Sassièrè

1485

Date 16 / 06 / 2014 Time 8 h 05 N° Capture 240 Mesureur / Handling _____

Group C Piège/Trap _____

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

Marking
 Transpondeur n° 70B19CS Color _____
 Metal n° 0848 Oreille / ear 06
 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) ~~3750~~ 3750 - 1550 = 2200
 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 | |
| Hématocryte | yes | <input type="checkbox"/> | no | <input checked="" type="checkbox"/> | Hématocryte | 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