

Marmottes Sassièrè / Marmots Sassièrè

Date ²² ~~18~~ / 06 / 2014 Time 18h45 N° Capture 252 Mesureur / Handling / 1424

Group ✓ Piège/Trap _____

Measures
Masse corporelle / Body mass (g) = 4800 - 1575 3225

Recapture année précédente / previous year: yes no même année / same year: 2

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 _____

Marking Transpondeur n° 6F234E3 Color _____
Metal n° 0074 Oreille / ear OG
Plastic n° _____ Oreille / ear _____ color _____

Logger yes no

Age M Pup
Y Yearling
2 ans 2 years old
Autres Other

Prélèvements / Samples

Sex Male Scrotal yes no unknown

| | | | | |
|--------------|------------------------------|--|-------------|-------------------------|
| 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 | |

Female Allaitante / Lactating: yes no unknown Gestante / Pregnant: yes no unknown

Status Dominant: yes no unknown

Remarques / comments