

# Marmottes Sassièr / Marmots Sassièr

Date 25 / 06 / 2014 Time 13h30 N° Capture 257 Mesureur / Handling Cohas 1509

Group N3 Piège/Trap         

Recapture année précédente  yes / previous year / même année  1 / same year

Marking

Transpondeur n°  Color         

Metal n° 071 Oreille / ear OG

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) 370

L. mandibule / Jaw (mm) 44,56

L. Patte ant. / Forefoot (mm) 37,82

L. Cubitus / Ulna (mm) 43,41

L. Patte post. / Hindfoot (mm) 56,26

L. Tibia / Tibia (mm) 50,72

L. TC / Body length (cm) 90,50

Larg. Tête zygomatique / Zygomatic width (mm) 39,25

Larg. Bassin / Basin width (mm) 27,70

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: <u>1</u>
TR (sang)	yes	<input checked="" type="checkbox"/>	no	<input checked="" type="checkbox"/>	Red tube	TR extract: nb: <u>0</u>
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	
Hématocyte	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Hematocyte	Htot: <u>60.10</u> Hred: <u>32.03</u>
Phéromones J	yes	<input type="checkbox"/>	no	<input checked="" 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 Presto