

Marmottes Sassièrre / Marmots Sassièrre

Date 25 / 06 / 20 14 Time 13 h 10 N° Capture 258 Mesureur / Handling Cobras 1510

Group N3 Piège/Trap /

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

Marking
 Transpondeur n°  00070889E1 Color /
 Metal n° 0169 Oreille / ear OD
 Plastic n° / Oreille / ear / color /
 Logger yes no

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

Sex
 Male Scrotal yes no unknown
 Female Allaitante yes no unknown
 Gestante yes no unknown

Status
 Dominant yes no unknown

Remarques / comments Illico

Measures

Masse corporelle / Body mass (g) 340
 L. mandibule / Jaw (mm) 44, 41
 L. Patte ant. / Forefoot (mm) 37, 76
 L. Cubitus / Ulna (mm) 41, 16
 L. Patte post. / Hindfoot (mm) 54, 11
 L. Tibia / Tibia (mm) 50, 16
 L. TC / Body length (cm) 21, 00
 Larg. Tête zygomatique / Zygomatic width (mm) 39, 75
 Larg. Bassin / Basin width (mm) 27, 12
 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 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	
Hématocrite	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hématocrite	Htot: <u>42.26</u> Hred: <u>23.37</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	