

# Marmottes Sassièrè / Marmots Sassièrè


1520

Date 27/06/2014 Time 9h00 N° Capture 269 Mesureur / Handling Cohas

Group C Piège/Trap \_\_\_\_\_

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

Marking

Transpondeur n°  0007071C82 Color \_\_\_\_\_

Metal n° 0577 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) 530

L. mandibule / Jaw (mm) 46.00

L. Patte ant. / Forefoot (mm) 60.54

L. Cubitus / Ulna (mm) 45.16

L. Patte post. / Hindfoot (mm) 59.69

L. Tibia / Tibia (mm) 57.24

L. TC / Body length (cm) 26.00

Larg. Tête zygomatique / Zygomatic width (mm) 42.11

Larg. Bassin / Basin width (mm) 31.02

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>2</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"/>	Hématocyte	Htot: <u>32.97</u> Hred: <u>17.06</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

*Avrell*