

Marmottes Sassièrre / Marmots Sassièrre

Date 27 10 2014 Time 18 h 00 N° Capture 275 Mesureur / Handling Cohas 1524

Group G Piège/Trap _____

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

Marking Transpondeur n°  000708D9AB Color 
 Metal n° 319 Oreille / ear 6G
 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

Remarques / comments Maldives

Measures

Masse corporelle / Body mass (g) 295

L. mandibule / Jaw (mm) 42.24

L. Patte ant. / Forefoot (mm) 37.50

L. Cubitus / Ulna (mm) 126.65

L. Patte post. / Hindfoot (mm) 53.11

L. Tibia / Tibia (mm) 49.67

L. TC / Body length (cm) 20.5

Larg. Tête zygomatique / Zygomatic width (mm) 38.29

Larg. Bassin / Basin width (mm) 26.37

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	
Hématocryte	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>	Hématocryte	Htot: <u>47.76</u> Hred: <u>26.64</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	