

Marmottes Sassièr / Marmots Sassièr

Date 27/06/2014 Time 19h50 N° Capture 275 Mesureur / Handling Cohas 1526

Group G Piège/Trap _____

Recapture année précédente yes même année 1
previous year no same year

Marking

Transpondeur n° -  000708883F Color _____

Metal n° 0162 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) 310

L. mandibule / Jaw (mm) 43.49

L. Patte ant. / Forefoot (mm) 37.23

L. Cubitus / Ulna (mm) 64.64

L. Patte post. / Hindfoot (mm) 53.80

L. Tibia / Tibia (mm) 52.09

L. TC / Body length (cm) 24

Larg. Tête zygomatique / Zygomatic width (mm) 39.06

Larg. Bassin / Basin width (mm) 26.48

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>2</u>
Frott	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>67.47</u> Hred: <u>39.99</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

Martinique