


# Marmottes Sassièrè / Marmots Sassièrè

Date 30/06/2014 Time 15h10 N° Capture 296 Mesureur / Handling CD3 1548

Group Eadrek Piège/Trap \_\_\_\_\_

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

Transpondeur n°  0007089697 Color \_\_\_\_\_

Metal n° 0545 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) 400

L. mandibule / Jaw (mm) 43.78

L. Patte ant. / Forefoot (mm) 38.53

L. Cubitus / Ulna (mm) 43.07

L. Patte post. / Hindfoot (mm) 56.11

L. Tibia / Tibia (mm) 52-22

L. TC / Body length (cm) 22.5

Larg. Tête zygomatique / Zygomatic width (mm) 41.64

Larg. Bassin / Basin width (mm) 27.18

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: _____
TR (sang)	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Red tube	TR extract: nb: _____
Frotti	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Blood smear	
Eurytic	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Eurytic	
Leucotic	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Leucotic	
Hématocrite	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hematocrite	Htot: <u>17.48</u> Hred: <u>7.67</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 Zoobé 11/1/13 Ricard hémocrite hémolyse