

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 14/05/2015

 Time: 12 h 00

 N° fiche/sheet: 9

 Opérateur/ Handling: COMAS

 N° individu: 1376

 capture id: 3112

Territoire: <u>CHA</u> <small>Territory</small>	Recapture yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Statut social Dominant <input checked="" type="checkbox"/> Sub <input type="checkbox"/> unknown <input type="checkbox"/>
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Marking	Transpondeur n° <u>706 B 9 7 E</u> <small>956000003014061</small>	Oreille / ear <u>OD</u>	Paint <u>X</u> <u>jaune</u>
	Metal n° <u>K0214</u>	Oreille / ear <u>OG</u>	color <u>Rose</u>
	Plastic n° <u>285</u>	Oreille / ear <u>OG</u>	color <u>Rose</u>
	Implant yes <input type="checkbox"/> no <input checked="" type="checkbox"/>		

Measures



Masse corporelle / Body mass (g)	<u>3800</u>
L. mandibule / Jaw (mm)	66,30 <u>66,30</u>
L. Patte ant. / Forefoot (mm)	<u>57,47</u>
L. Cubitus / Ulna (mm)	<u>84,63</u>
L. Patte post. / Hindfoot (mm)	<u>80,94</u>
L. Tibia (mm)	<u>97,43</u>
L. TC / Body length (cm)	<u>49,30</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>69,50</u>
Larg. Bassin / Basin width (mm)	<u>69,13</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>X</u>

Age	0 Marmotton <input type="checkbox"/> Pup	2 ans <input type="checkbox"/> 2 years old
	1 an <input type="checkbox"/> Yearling	≥ 3 ans <input checked="" type="checkbox"/> ≥ 3 y <u>3</u>

Echantillons / Samples : nbr + étiquette / label

Feces <input checked="" type="checkbox"/> 	Eurytic <input checked="" type="checkbox"/> <u>non</u>
Poils / Hair <input checked="" type="checkbox"/> 	Leucotic <input checked="" type="checkbox"/> <u>2,68 x 10⁵</u>
Biopsy <input checked="" type="checkbox"/> 	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input checked="" type="checkbox"/> 	Jugal <input checked="" type="checkbox"/> <u>1/6</u> 
TR / Red tube <input checked="" type="checkbox"/> 	Bucal <input checked="" type="checkbox"/> <u>1/6</u> 
Frotti / Blood smear <input checked="" type="checkbox"/> 	Anal <input checked="" type="checkbox"/> <u>1</u> 

Statut Repro	Male <input type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	Gestante yes <input checked="" type="checkbox"/> <u>4a+</u> Pregnant no <input type="checkbox"/> unknown <input type="checkbox"/>
	Female <input checked="" type="checkbox"/> Allaitante yes <input type="checkbox"/> Lactating no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>	

Hemato TV extract: nb: <u>1</u> 	TR extract: nb: <u>1</u> 	Htot: <u>42,1</u>	Hematie: <u>21,24</u>
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Remarques / remarks	Extraction GB <input checked="" type="checkbox"/>  Stress <input type="checkbox"/>
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Action pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° _____	Type implant: vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				

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Comments:				

Surgery Début: _____ Fin: _____ Injection: _____ H: _____ Injection: _____ H: _____ Anest. Local (Lurocaïne): _____ Anti-infl (Metacam): _____ H: _____ Antibio (Baytril): _____ H: _____	Stress PS1 <input type="checkbox"/> Injection DM: Heure: _____ PS <input type="checkbox"/> Heure: _____ Injection ACTH: Heure: _____ PS <input type="checkbox"/> Heure: _____ PS <input type="checkbox"/> Heure: _____
Desimplantation N° implant sous-cut: _____ N° implant Intra-abdo: _____ Implantation N° implant Intra-abdo: _____ Autres: _____	Comments: