

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 14/05/2015

 Time: 17h45

 N° fiche/sheet: 14

 Opérateur/ Handling: COHAS

 N° individu: 1561

 capture id: 9117

Territoire: <u>Btal</u> Territory	Recapture yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Statut social Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
--------------------------------------	--	---



956000003045117

70B4D4F

Marking	Transpondeur n°	<u>70B4D4F</u>		Paint X vert
	Metal n°	<u>0559</u>	Oreille / ear	<u>06</u>
	Plastic n°	_____	Oreille / ear	_____ color _____
	Implant	yes <input type="checkbox"/>	no	<input checked="" type="checkbox"/>

Measures

Masse corporelle / Body mass (g)	<u>1775</u>
L. mandibule / Jaw (mm)	<u>59,62</u>
L. Patte ant. / Forefoot (mm)	<u>53,48</u>
L. Cubitus / Ulna (mm)	<u>68,46</u>
L. Patte post. / Hindfoot (mm)	<u>81,47</u>
L. Tibia (mm)	<u>88,63</u>
L. TC / Body length (cm)	<u>38</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>52,54</u>
Larg. Bassin / Basin width (mm)	<u>49,13</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 checked="" type="checkbox"/> Yearling	≥ 3 ans <input type="checkbox"/> ≥ 3 y

Echantillons / Samples : nbr + étiquette / label

Feces <input checked="" type="checkbox"/>	Eurytic <input checked="" type="checkbox"/> <u>1.39 x 10⁶</u>
Poils / Hair <input checked="" type="checkbox"/>	Leucotic <input checked="" type="checkbox"/> <u>4,78 x 10⁵ H</u>
Biopsy <input checked="" type="checkbox"/>	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input checked="" type="checkbox"/>	Jugal <input type="checkbox"/> <input type="checkbox"/>
TR / Red tube <input checked="" type="checkbox"/>	Bucal <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	Anal <input checked="" type="checkbox"/>

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

Hemato	TV extract: nb: <u>1</u>	TR extract: nb: <u>1</u>	Htot: <u>66,83</u>	Hematie: <u>35,35</u>
--------	--------------------------	--------------------------	--------------------	-----------------------

Remarques / remarks	Extraction GB <input checked="" type="checkbox"/>
---------------------	---

Stress <input type="checkbox"/>

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: viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				
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: viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				
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: viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				

Surgery

Début: _____

Fin: _____

Injection: _____ H: _____

Injection: _____ H: _____

Anhest. Local (Lurocaïne): _____

Anti-infl (Metacam): _____ H: _____

Antibio (Baytril): _____ H: _____

Desimplantation

N° implant sous-cut: _____

N° implant Intra-abdo: _____

Implantation

N° implant Intra-abdo: _____

Autres: _____

Stress

PS1

Injection DM: Heure: _____ PS Heure: _____

Injection ACTH: Heure: _____ PS Heure: _____

PS Heure: _____

Comments: