

# Marmottes Sassi re/ Marmots Sassi re

Date: 16/05/2015 Time: 21h56 N  fiche/sheet: 35 Op rateur/ Handling: C. Chas N  individu: 1448 capture id: 9136

Territoire: N  
Territory

Recapture yes  no

Statut social Dominant  Sub  unknown

Transpondeur n  6F1E782  
956000003046009

Metal n  0525 Oreille / ear AD Paint X rouge

Plastic n  / Oreille / ear / color /

Implant yes  no

**Measures**

Masse corporelle / Body mass (g)	<u>2900</u>
L. mandibule / Jaw (mm)	<u>65,15</u>
L. Patte ant. / Forefoot (mm)	<u>55,35</u>
L. Cubitus / Ulna (mm)	<u>83,09</u>
L. Patte post. / Hindfoot (mm)	<u>80,04</u>
L. Tibia (mm)	<u>98,99</u>
L. TC / Body length (cm)	<u>43,5</u>
Larg. T�te zygomatique / Zygomatic width (mm)	<u>60,87</u>
Larg. Bassin / Basin width (mm)	<u>60,56</u>
Dist. Ano-G�nitale (cm) (marmotton/pup only)	<u>X</u>

Age

0 Marmotton  Pup  
1 an  Yearling

2 ans  2 years old  
≥ 3 ans  ≥ 3y

**Echantillons / Samples : nbr +  tiquette / label**

Feces	<input type="checkbox"/>	<input type="checkbox"/>	Eurytic	<input type="checkbox"/>	<u>1,33 x 10<sup>6</sup> G/mL</u>
Poils / Hair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leucotic	<input type="checkbox"/>	<u>3,88 x 10<sup>5</sup> G/mL</u>
Biopsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hematocyte	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TV / Green tube	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Jugal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TR / Red tube	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bucal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Frotti / Blood smear	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Anal	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Statut Repro

Male  Scrotal yes  no  unknown

Female  Allaitante yes  Lactating no  unknown

Gestante yes  Pregnant no  unknown

Hemato TV extract: nb: 2 TR extract: nb: 1 Htot: 56,79 Hematie: 35,57

Remarques / remarks

Extraction GB  Stress

<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/>	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° _____ <i>PS1</i>	<b>Type implant:</b> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
--	--	--	---	--

H début/start: \_\_\_\_\_ H fin/end: \_\_\_\_\_ **Comments:**

<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/>	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° _____	<b>Type implant:</b> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
--	--	--	--------------------------------	--

H début/start: \_\_\_\_\_ H fin/end: \_\_\_\_\_ **Comments:**

<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/>	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° _____	<b>Type implant:</b> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
--	--	--	--------------------------------	--

H début/start: \_\_\_\_\_ H fin/end: \_\_\_\_\_ **Comments:**

**Surgery**

Début: \_\_\_\_\_  
 Fin: \_\_\_\_\_  
 Injection: \_\_\_\_\_ H: \_\_\_\_\_  
 Injection: \_\_\_\_\_ H: \_\_\_\_\_  
 Anest. Local (Lurocaïne): \_\_\_\_\_  
 Anti-infl (Metacam): \_\_\_\_\_ H: \_\_\_\_\_  
 Antibio (Baytril): \_\_\_\_\_ H: \_\_\_\_\_

**Stress**

PS1

Injection DM: Heure: \_\_\_\_\_ PS  Heure: \_\_\_\_\_  
 Injection ACTH: Heure: \_\_\_\_\_ PS  Heure: \_\_\_\_\_  
 PS  Heure: \_\_\_\_\_

**Desimplantation**  
 N° implant sous-cut: \_\_\_\_\_  
 N° implant Intra-abdo: \_\_\_\_\_

**Implantation**  
 N° implant Intra-abdo: \_\_\_\_\_

Autres: \_\_\_\_\_

**Comments:**