

# Marmottes Sassièrè/ Marmots Sassièrè

 Date: 18/05/2015

 Time: 12 h 00

 N° fiche/sheet: 58

 Opérateur/ Handling: Cohen

 N° individu: 1487

 capture id: 9154

Territoire: <u>Eadrek</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"/>
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<b>Marking</b>	Transpondeur n° <u>708C088</u>		Paint <input checked="" type="checkbox"/> <u>orange</u>
	Metal n° <u>0575</u>	Oreille / ear <u>OG</u>	
	Plastic n° _____	Oreille / ear _____ color _____	
	Implant yes <input type="checkbox"/> no <input type="checkbox"/>		

<b>Measures</b>	
Masse corporelle / Body mass (g)	<u>3450</u>
L. mandibule / Jaw (mm)	<u>69,82</u>
L. Patte ant. / Forefoot (mm)	<u>59,39</u>
L. Cubitus / Ulna (mm)	<u>86,19</u>
L. Patte post. / Hindfoot (mm)	<u>86,19</u>
L. Tibia (mm)	<u>100,26</u>
L. TC / Body length (cm)	<u>50,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>66,69</u>
Larg. Bassin / Basin width (mm)	<u>62,25</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	_____

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

<b>Echantillons / Samples : nbr + étiquette / label</b>	
Feces <input checked="" type="checkbox"/>	Eurytic <input checked="" type="checkbox"/> <u>1,65x106</u>
Poils / Hair <input checked="" type="checkbox"/>	Leucotic <input checked="" type="checkbox"/> <u>2,21x105</u>
Biopsy <input checked="" type="checkbox"/>	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input checked="" type="checkbox"/>	Jugal <input checked="" type="checkbox"/> <u>1/2</u>
TR / Red tube <input checked="" type="checkbox"/> ○	Bucal <input checked="" type="checkbox"/>
Frotti / Blood smear <input checked="" type="checkbox"/>	Anal <input checked="" type="checkbox"/>

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

Hemato TV extract: nb: <u>2</u>	TR extract: nb: <u>1</u>	Htot: <u>52,01</u>	Hematie: <u>39,34</u>
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Remarques / remarks
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Extraction GB <input checked="" type="checkbox"/>	Stress <input type="checkbox"/>
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<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° _____	<b>Type implant:</b> vienné <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
<b>Comments:</b>				
<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° _____	<b>Type implant:</b> vienné <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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<b>Comments:</b>				

**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:**

1200 1200 : S