

# Marmottes Sassièrè / Marmots Sassièrè

 Date: 27/06/2015

 Time: 12h 00 N° fiche/sheet: 313

 Opérateur/ Handling: Cohes


 N° individu: 1654

 capture id: 9539

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

Masse corporelle / Body mass (g)	<u>410</u>
L. mandibule / Jaw (mm)	<u>43.93</u>
L. Patte ant. / Forefoot (mm)	<u>36.73</u>
L. Cubitus / Ulna (mm)	<u>45.65</u>
L. Patte post. / Hindfoot (mm)	<u>57.12</u>
L. Tibia (mm)	<u>56.04</u>
L. TC / Body length (cm)	<u>26.00</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>39.88</u>
Larg. Bassin / Basin width (mm)	<u>29.29</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>    </u>

<b>Marking</b>	Transpondeur n°	 <u>956000003016554</u>	Paint
	Metal n°	<u>816</u>	Oreille / ear <u>OG</u>
	Plastic n°	<u>    </u>	Oreille / ear <u>    </u> color <u>    </u>
	Implant	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	

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

### Echantillons / Samples : nbr + étiquette / label

Feces <input type="checkbox"/> <input type="checkbox"/> Poils / Hair <input checked="" type="checkbox"/> Biopsy <input checked="" type="checkbox"/>  TV / Green tube <input checked="" type="checkbox"/>  <u>Tub orange</u> TR / Red tube <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Frotti / Blood smear <input checked="" type="checkbox"/> 	Eurytic <input checked="" type="checkbox"/> <u>9,47 x 10<sup>5</sup></u> Leucotic <input checked="" type="checkbox"/> <u>5,25 x 10<sup>5</sup></u> Hematocyte <input checked="" type="checkbox"/> Jugal <input type="checkbox"/> <input type="checkbox"/> Bucal <input checked="" type="checkbox"/>  Anal <input checked="" type="checkbox"/> 
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<b>Statut Repro</b>	Male	<input checked="" type="checkbox"/>	Scrotal	yes <input type="checkbox"/> no <input checked="" 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:      TR extract: nb:      Htot: 24,86 Hematie: 11,18

Remarques / remarks

Extraction GB <input checked="" type="checkbox"/> 	Stress <input checked="" type="checkbox"/>
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<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____ H fin/end: _____	<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> vienne <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: _____ H fin/end: _____	<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> vienne <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: _____ H fin/end: _____	<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> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/> <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  pas à la copléne (à la manip)

Injection DM: Heure: 0.41 PS  Heure: 15h03 autre bruc sangin  
15h03

Injection ACTH: Heure: 0.19 PS  Heure: 16h06  
15h06

PS  Heure: 17h06

**Comments:**