

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 27/06/2015

 Time: 9 h 18

 N° fiche/sheet: 318

 Opérateur/ Handling: AC


 N° individu: 1659

 capture id: 9546

Territoire: <u>Eadrek</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>430</u>
L. mandibule / Jaw (mm)	<u>45,38</u>
L. Patte ant. / Forefoot (mm)	<u>41,01</u>
L. Cubitus / Ulna (mm)	<u>44,10</u>
L. Patte post. / Hindfoot (mm)	<u>59,31</u>
L. Tibia (mm)	<u>55,50</u>
L. TC / Body length (cm)	<u>22,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>43,01</u>
Larg. Bassin / Basin width (mm)	<u>99,62</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>16,89</u>

Marking	Transpondeur n°	 <u>956000003037909</u>	Paint
	Metal n°	<u>Ø836</u>	Oreille / ear <u>06</u>
	Plastic n°	_____	Oreille / ear _____ color _____
	Implant	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>

Age	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"/>	Eurytic <input checked="" type="checkbox"/> <u>1,16 x 10⁶</u>
Poils / Hair <input checked="" type="checkbox"/>	Leucotic <input checked="" type="checkbox"/> <u>3,24 x 10⁵</u>
Biopsy <input checked="" type="checkbox"/> 	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input type="checkbox"/> 	Jugal <input type="checkbox"/>
<u>tube orange</u>	Bucal <input checked="" type="checkbox"/> 
TR / Red tube <input type="checkbox"/> 	Anal <input checked="" type="checkbox"/> 
Frotti / Blood smear <input checked="" type="checkbox"/> 	

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

Hemato TV extract: nb: 1 TR extract: nb: 1 Htot: 31,15 Hematie: 17,52

Remarques / remarks

Extraction GB <input checked="" type="checkbox"/> 	Stress <input checked="" 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:				
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"/>
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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 17h45 (à la manip)

Injection DM: Heure: 0,430
~~17h50~~
19h53

Injection ACTH: Heure: 0,125

PS 2 Heure: 19h50
PS 3 Heure: 20h53
PS 4 Heure: 21h53

Comments: