

Marmottes Sassièrè/ Marmots Sassièrè

 Date: 28/10/2015

 Time: 10 h 30

 N° fiche/sheet: 322

 Opérateur/ Handling: Ghes


 N° individu: 1663

 capture id: 9568

Territoire: <u>✓</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>390</u>
L. mandibule / Jaw (mm)	<u>50,75</u>
L. Patte ant. / Forefoot (mm)	<u>38,32</u>
L. Cubitus / Ulna (mm)	<u>63,74</u>
L. Patte post. / Hindfoot (mm)	<u>55,77</u>
L. Tibia (mm)	<u>57,15</u>
L. TC / Body length (cm)	<u>23,5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>60,56</u>
Larg. Bassin / Basin width (mm)	<u>25,89</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>16,84</u>

Marking	Transpondeur n°  956000003016651	Paint
	Metal n° <u>0863</u> Oreille / ear <u>06</u>	
	Plastic n° <u>/</u> Oreille / ear <u>/</u> color <u>/</u>	
	Implant yes <input checked="" type="checkbox"/> no <input 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

 Eurytic

 Poils / Hair

 Leucotic

 Biopsy 

 Hematocyte

 TV / Green tube

 Jugal

 TR / Red tube

 Bucal 1/6 

 Frotti / Blood smear

 Anal 

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

Hemato	TV extract: nb: <u>/</u>	TR extract: nb: <u>/</u>	Htot: <u>/</u>	Hematie: <u>/</u>
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Remarques / remarks	Extraction GB <input type="checkbox"/> <input type="checkbox"/> Stress <input type="checkbox"/>
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Action pose <input checked="" type="checkbox"/> dépose <input type="checkbox"/>	Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/>	Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° <u>152</u>	Type implant: vienne <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
H début/start: <u>11h10</u>	H fin/end: <u>11h22</u>	Comments: <u>RAS - 2 PSX + 2 pr n° 1/6, 4 AS & -ls -</u>		

Action pose <input type="checkbox"/> dépose <input type="checkbox"/>	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	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"/>
H début/start: _____	H fin/end: _____	Comments:		

Action pose <input type="checkbox"/> dépose <input type="checkbox"/>	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	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"/>
H début/start: _____	H fin/end: _____	Comments:		

Surgery

Début: 10h50 → 11h10
 Fin: 11h22
 Injection: 10h30 H: 0,1
 Injection: _____ H: _____
 Anhest. Local (Lurocaïne): _____
 Anti-infl (Metacam): 0,02 H: ✓
 Antibio (Baytril): 0,04 H: ✓

Desimplantation

N° implant sous-cut: _____
 N° implant Intra-abdo: _____

Implantation

N° implant Intra-abdo: 152

Autres:

Stress

PS1
 Injection DM: Heure: _____ PS Heure: _____
 Injection ACTH: Heure: _____ PS Heure: _____
 PS Heure: _____

Comments: