

## Marmottes / Marmots Sassièrè

Date: 14/05/2016 Time: 16 h 05 N° fiche / sheet: 35 Opérateur / Handling: SP N° individu: 1622 capture id: 9641

Territoire: <u>A</u> <small>Territory</small>	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"/>	<b>Measures</b>	
Transpondeur n° <u>956 — 3043006</u>  Metal n° <u>0537</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/> Plastic n° <u>    </u> Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/> color <u>    </u> Implant yes <input type="checkbox"/> no <input checked="" type="checkbox"/> download data yes <input type="checkbox"/> no <input checked="" type="checkbox"/>			Masse corporelle / Body mass (g) <u>2975</u> L. mandibule / Jaw (mm) <u>70,10</u> L. Patte ant. / Forefoot (mm) <u>58,58</u> L. Cubitus / Ulna (mm) <u>84,61</u> L. Patte post. / Hindfoot (mm) <u>80,48</u> L. Tibia (mm) <u>98,76</u> L. TC / Body length (cm) <u>45,00</u> Larg. Tête zygomatique / Zygomatic width (mm) <u>63,91</u> Larg. Bassin / Basin width (mm) <u>61,83</u> Dist. Ano-Génitale (cm) (marmotton/pup only) <u>    </u>	
			Paint <u>    </u> up & <u>    </u> bottom <u>Red</u>  color <u>    </u>	
<b>Age</b>	0 Marmotton <input type="checkbox"/> Pup 1 an <input type="checkbox"/> Yearling 2 ans <input checked="" type="checkbox"/> 2 years old ≥ 3 ans <input type="checkbox"/> ≥ 3 y		<b>Echantillons / Samples : nbr + étiquette / label</b>	
<b>Statut Repro</b>	Male <input checked="" type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>		Feces <input checked="" type="checkbox"/> Erythrocytes <input checked="" type="checkbox"/> Poils / Hair <input checked="" type="checkbox"/> Leucocytes <input checked="" type="checkbox"/> Biopsy <input checked="" type="checkbox"/> <input type="radio"/> Hematocryte <input checked="" type="checkbox"/>	
	Female <input checked="" 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"/>		TV / Green tube <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> TV extact <input type="checkbox"/> <input type="radio"/> <input type="radio"/> TR / Red tube <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> TR extract <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> Frotti / Blood smear <input checked="" type="checkbox"/> <input type="radio"/>	
<b>Hemato</b>	Comptages: Ery: <u>1.18</u> x10 <sup>6</sup> Leuco: <u>6.48</u> x10 <sup>5</sup> Hematocrite: <u>NA</u> <small>cell count</small>		Jugal <input checked="" type="checkbox"/> <input type="radio"/> Bucal <input checked="" type="checkbox"/> <input type="radio"/> Anal <input checked="" type="checkbox"/> <input type="radio"/> GB (telomeres) <input checked="" type="checkbox"/> <input type="radio"/> <small>white blood cells</small> Stress <input type="checkbox"/>	
<b>Comments:</b>				

<b>Action</b> pose <input type="checkbox"/> In retrait <input type="checkbox"/> Out H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i> H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	<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"/> In retrait <input type="checkbox"/> Out H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i> H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	<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"/> In retrait <input type="checkbox"/> Out H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i> H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	<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>Chirurgie/Surgery</b>  Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anest. Local (Lurocaïne): _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____	<b>Stress</b>  PS0 <input type="checkbox"/> délai : _____ Injection zoolétail: Qté / Qty: _____ Heure / Time: _____ capture delay PS1 <input type="checkbox"/> Heure: _____ Injection DM: Qté / Qty: _____ Heure / Time: _____ Time PS2 <input type="checkbox"/> Heure: _____ Injection ACTH: Qté / Qty: _____ Heure / Time: _____ Time PS3 <input type="checkbox"/> Heure: _____ Time
	<b>Desimplantation</b> N° implant sous-cut / <i>under skin</i> : _____ N° implant Intra-abdo: _____ <b>Implantation</b> N° implant Intra-abdo: _____  Autres / Other: _____