

Marmottes / Marmots Sassièrè

Date: 15/05/2016 Time: 12 h N° fiche / sheet: 43 Opérateur / Handling: Sylvain N° individu: 1568 capture id: 9649

Territoire: <u>Z</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"/>
--	---	---

Measures

Masse corporelle / Body mass (g)	<u>2875</u>
L. mandibule / Jaw (mm)	<u>67.15</u>
L. Patte ant. / Forefoot (mm)	<u>56.18</u>
L. Cubitus / Ulna (mm)	<u>85.04</u>
L. Patte post. / Hindfoot (mm)	<u>80.32</u>
L. Tibia (mm)	<u>103.38</u>
L. TC / Body length (cm)	<u>46.35</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>59.91</u>
Larg. Bassin / Basin width (mm)	<u>62.47</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u> </u>

Marking	Transpondeur n° <u>956</u> <u>3036373</u>	Paint <u>blue</u>	
	Metal n° <u>1568</u>	Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>	color <u> </u>
	Plastic n° <u> </u>	Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input checked="" type="checkbox"/>	
Implant	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	download data	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>

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

Echantillons / Samples : nbr + étiquette / label

Feces <input checked="" type="checkbox"/>	Erythrocytes <input type="checkbox"/>
Poils / Hair <input checked="" type="checkbox"/>	Leucocytes <input type="checkbox"/>
Biopsy <input type="checkbox"/> <u>1</u>	Hematocyte <input type="checkbox"/>
TV / Green tube <input type="checkbox"/> <u>0</u> <input type="checkbox"/> <input type="checkbox"/>	Jugal <input type="checkbox"/> <u>1</u> <input type="checkbox"/>
TV extact <input type="checkbox"/> <u>0</u> <input type="checkbox"/> <input type="checkbox"/>	Bucal <input type="checkbox"/> <u>0</u> <input type="checkbox"/>
TR / Red tube <input type="checkbox"/> <u>0</u> <input type="checkbox"/> <input type="checkbox"/>	Anal <input type="checkbox"/> <u>1</u> <input type="checkbox"/>
TR extract <input type="checkbox"/> <u>0</u> <input type="checkbox"/> <input type="checkbox"/>	GB (telomeres) <input type="checkbox"/> <u>0</u> <input type="checkbox"/>
Frotti / Blood smear <input type="checkbox"/> <u>0</u> <input type="checkbox"/>	Stress <input type="checkbox"/> <u>0</u>

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

Hemato
Comptages: Ery: x10 Leuco: x10 Hematocrite:
cell count

Comments:

Action pose <input type="checkbox"/> In retrait <input checked="" type="checkbox"/> Out H début/start: _____	Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i> H fin/end: _____	Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/> neck	Implant id: n° <u>124</u>	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 checked="" type="checkbox"/> In retrait <input type="checkbox"/> Out H début/start: _____	Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i> H fin/end: _____	Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/> neck	Implant id: n° <u>176</u>	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"/> In retrait <input type="checkbox"/> Out H début/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i> H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	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:				

Chirurgie/Surgery

Début/start: 19:00
Fin/End: 19:24
Injection: Zodétil 6.6 Heure / Time: 18h28
Injection: _____ Heure / Time: _____
Anest. Local (Lurocaïne): 1ml
Anti-infl (Metacam): 0.18 Heure / Time: 19:27
Antibio (Baytril): 0.3 Heure / Time: 19.27

Desimplantation
N° implant sous-cut / *under skin*: _____ ✓
N° implant Intra-abdo: 124

Implantation
N° implant Intra-abdo: 176

Autres / Other: _____

Stress

PS0 délai : _____ Injection zoolétail: Qté / Qty: _____ Heure / Time: _____
capture *delay*

PS1 Heure: _____ Injection DM: Qté / Qty: _____ Heure / Time: _____
Time

PS2 Heure: _____ Injection ACTH: Qté / Qty: _____ Heure / Time: _____
Time

PS3 Heure: _____
Time

Comments: