

Marmottes / Marmots Sassièrè

Date: 17/05/2016 Time: 19h17 N° fiche / sheet: 76 Opérateur / Handling: Sylvia N° individu: 1627 capture id: 9683

Territoire: <u>T</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>1750</u>
L. mandibule / Jaw (mm)	<u>58.88</u>
L. Patte ant. / Forefoot (mm)	<u>56.07</u>
L. Cubitus / Ulna (mm)	<u>69.57</u>
L. Patte post. / Hindfoot (mm)	<u>77.77</u>
L. Tibia (mm)	<u>85.50</u>
L. TC / Body length (cm)	<u>38.00</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>53.72</u>
Larg. Bassin / Basin width (mm)	<u>69.05</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u> </u>

Marking	Transpondeur n° <u>956-3014979</u>	Paint	
	Metal n° <u>0835</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 type="checkbox"/> D/Right <input 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"/> Pup 1 an <input checked="" type="checkbox"/> Yearling	2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input type="checkbox"/> ≥ 3 y
------------	---	--

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 checked="" type="checkbox"/> ○	Hematocyte <input type="checkbox"/>
TV / Green tube <input type="checkbox"/> ○ ○	Jugal <input type="checkbox"/> ○
TV extact <input type="checkbox"/> ○ ○	Bucal <input checked="" type="checkbox"/> ○
TR / Red tube <input type="checkbox"/> ○ ○	Anal <input checked="" type="checkbox"/> ○
TR extract <input type="checkbox"/> ○ ○	GB (telomeres) <input checked="" type="checkbox"/> ○ <small>white blood cells</small>
Frotti / Blood smear <input type="checkbox"/> ○	Stress <input checked="" type="checkbox"/>

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: <u> </u> x10 <u> </u>	Leuco: <u> </u> x10 <u> </u>	Hematocrite: <u> </u>
---------------	---	--------------------------------	------------------------

Comments:

3250-1500 = 1750 mlIS => 0.26 ml

Action pose <input type="checkbox"/> In retrait <input checked="" type="checkbox"/> Out	Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> <small>under skin</small>	Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/> neck	Implant id: n° <u>146</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: _____	H fin/end: _____	Comments: <u>Hernie</u>		

Action pose <input type="checkbox"/> In retrait <input type="checkbox"/> Out	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> <small>under skin</small>	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	Implant id: n° <u>181</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: _____	H fin/end: _____	Comments:		

Action pose <input type="checkbox"/> In retrait <input type="checkbox"/> Out	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> <small>under skin</small>	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"/>
H début/start: _____	H fin/end: _____	Comments:		

Chirurgie/Surgery

Début/start: 20:16
 Fin/End: 20:40
 Injection: 0.26 Heure / Time: 19h45
 Injection: _____ Heure / Time: _____
 Anest. Local (Lurocaïne): 1ml
 Anti-infl (Metacam): 0.1ml Heure / Time: 20:42
 Antibio (Baytril): 0.17ml Heure / Time: 20:42

Desimplantation
 N° implant sous-cut / under skin: /
 N° implant Intra-abdo: 146

Implantation
 N° implant Intra-abdo: 181

Autres / Other: _____

Stress

PS0 délai : _____ Injection zoolétil: 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:
