

Marmottes / Marmots Sassièrè

Date: 25 / 05 / 2016 Time: 11 h 00 N° fiche / sheet: ~~150~~ 150 Opérateur / Handling: ~~Sylvia~~ Sylvia N° individu: 1557 capture id: 9757

Territoire: <u>FAC</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"/>
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Measures	
Masse corporelle / Body mass (g)	<u>2375</u>
L. mandibule / Jaw (mm)	<u>68,85</u>
L. Patte ant. / Forefoot (mm)	<u>57,36</u>
L. Cubitus / Ulna (mm)	<u>83,62</u>
L. Patte post. / Hindfoot (mm)	<u>79,89</u>
L. Tibia (mm)	<u>97,51</u>
L. TC / Body length (cm)	<u>44,50</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>60,59</u>
Larg. Bassin / Basin width (mm)	<u>60,52</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>✓</u>

Marking	Transpondeur n° <u>956-3φ16356</u>		Paint <u>blue</u>
	Metal n° <u>Ø856</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"/>	

Age	0 Marmotton <input type="checkbox"/> Pup	2 ans <input checked="" 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 checked="" type="checkbox"/>	Erythrocytes <input checked="" type="checkbox"/>		
Poils / Hair <input checked="" type="checkbox"/>	Leucocytes <input checked="" type="checkbox"/>		
Biopsy <input checked="" type="checkbox"/> ○	Hematocryte <input checked="" type="checkbox"/>		
TV / Green tube <input checked="" type="checkbox"/> ○ ○	Jugal <input checked="" type="checkbox"/> ○		
TV extact <input checked="" type="checkbox"/> ○ ○	Bucal <input checked="" type="checkbox"/> ○		
TR / Red tube <input checked="" type="checkbox"/> ○ ○	Anal <input checked="" type="checkbox"/> ○		
TR extract <input checked="" type="checkbox"/> ○ ○	GB (telomeres) <input checked="" type="checkbox"/> ○		
Frotti / Blood smear <input checked="" type="checkbox"/> ○	Stress <input 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 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"/>

Hemato	Comptages: Ery: <u>1.07</u> x10 ⁶	Leuco: <u>6.09</u> x10 ⁵	Hematocrite: <u>✓</u>
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Comments:
GB avec TV lavé
bt, no cover

Action pose <input type="checkbox"/> retrait <input type="checkbox"/> In Out H début/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> under skin H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	Implant id: n° _____	Type implant: viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				
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Comments:				

Chirurgie/Surgery Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anhest. Local (Lurocaïne): _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____	Stress PS0 <input type="checkbox"/> délai : _____ Injection zoolétil: 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
Desimplantation N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____ Implantation N° implant Intra-abdo: _____ Autres / Other: _____	Comments: