

Marmottes / Marmots Sassièr

Date: 27/05/2016 Time: 17h30 N° fiche / sheet: 187 Opérateur / Handling: SP N° individu: 1297 capture id: 9794

Territoire: <u>Etalus</u> <small>Territory</small>	Recapture yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Statut social Dominant <input checked="" type="checkbox"/> Sub <input type="checkbox"/> unknown <input type="checkbox"/>
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Measures Masse corporelle / Body mass (g) <u>3350</u> L. mandibule / Jaw (mm) <u>69,45</u> L. Patte ant. / Forefoot (mm) <u>58,80</u> L. Cubitus / Ulna (mm) <u>87,47</u> L. Patte post. / Hindfoot (mm) <u>80,25</u> L. Tibia (mm) <u>99,32</u> L. TC / Body length (cm) <u>48,0</u> Larg. Tête zygomatique / Zygomatic width (mm) <u>15,84</u> Larg. Bassin / Basin width (mm) <u>66,68</u> Dist. Ano-Génitale (cm) (marmotton/pup only) <u>/</u>
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Marking	Transpondeur n° <u>956 - 3038361</u> Metal n° <u>0098</u> Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/> Plastic n° <u>206</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/> color <u>pink</u> Implant yes <input type="checkbox"/> no <input checked="" type="checkbox"/> download data yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Paint <u>orange</u>
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Age	0 Marmotton <input type="checkbox"/> Pup 1 an <input type="checkbox"/> Yearling 2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input checked="" type="checkbox"/> ≥ 3 y
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Echantillons / Samples : nbr + étiquette / label			
Feces	<input checked="" type="checkbox"/>		
Poils / Hair	<input checked="" type="checkbox"/>		
Biopsy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TV / Green tube	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV extact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR / Red tube	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR extract	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frotti / Blood smear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Erythrocytes	<input checked="" type="checkbox"/>		
Leucocytes	<input checked="" type="checkbox"/>		
Hematocyte	<input checked="" type="checkbox"/>		
Jugal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GB (telomeres) white blood cells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress	<input type="checkbox"/>		

Statut Repro	Male <input type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> Female <input checked="" type="checkbox"/> Allaitante Lactating yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> Gestante Pregnant yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
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Hemato	Comptages: Ery: <u>958</u> x10 ⁵ Leuco: <u>3,07</u> x10 ⁵ Hematocrite: <u>X</u> <small>cell count</small> <u>96</u>
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Comments: Echo!

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"/> <i>under skin</i> H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	Implant id: n° _____	Type implant: vienné <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"/> retrait <input type="checkbox"/> In 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: vienné <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 (Melacam): _____ Heure / Time: _____
Antibio (Baytril): _____ Heure / Time: _____

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

Implantation
N° implant Intra-abdo: _____

Autres / Other: _____

Stress

PS0 délai : _____ Injection zoolétic: 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: