

# Marmottes / Marmots Sassièrè

Date: 28 / 05 / 2016 Time: 11 h 30 N° fiche / sheet: 202 Opérateur / Handling: SP N° individu: 1315 capture id: 9807

<b>Territoire:</b> <u>H</u> <small>Territory</small>	<b>Recapture</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<b>Statut social</b> Dominant <input checked="" type="checkbox"/> Sub <input type="checkbox"/> unknown <input type="checkbox"/>
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### Measures

Masse corporelle / Body mass (g) 3625  
 L. mandibule / Jaw (mm) 72,38  
 L. Patte ant. / Forefoot (mm) 59,68  
 L. Cubitus / Ulna (mm) 83,49  
 L. Patte post. / Hindfoot (mm) 83,53  
 L. Tibia (mm) 99,80  
 L. TC / Body length (cm) 47,5  
 Larg. Tête zygomatique / Zygomatic width (mm) 66,26  
 Larg. Bassin / Basin width (mm) 72,44  
 Dist. Ano-Génitale (cm) (marmotton/pup only)           

<b>Marking</b>	Transpondeur n° <u>30 36 046</u>		Paint <u>red</u>
	Metal n° <u>6025</u>	Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>	
	Plastic n° <u>38</u>	Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/> color <u>jaune</u>	
	Implant yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	download data yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	

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

### 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"/> ○	Hematocyte <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"/> ○ <small>white blood cells</small>
Frotti / Blood smear <input checked="" type="checkbox"/> ○	Stress <input checked="" type="checkbox"/>

<b>Statut Repro</b>	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"/>

<b>Hemato</b>	Comptages: Ery: <u>1,56</u> x10 <sup>6</sup> Leuco: <u>2,71</u> x10 <sup>5</sup> Hematocrite: <u>62%</u> <small>cell count</small>
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**Comments:**

<b>Action</b> pose <input type="checkbox"/> In	retrait <input type="checkbox"/> Out	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i>	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	<b>Implant id:</b> n° _____	<b>Type implant:</b> vienné <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: _____		<b>Comments:</b>	

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H début/start: _____		H fin/end: _____		<b>Comments:</b>	

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H début/start: _____		H fin/end: _____		<b>Comments:</b>	

<b>Chirurgie/Surgery</b> Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anhest. Local (Lurocaïne): _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____	<b>Stress</b> PS0 <input type="checkbox"/> délai : _____ Injection zoolétill: Qté / Qty: _____ Heure / Time: _____ <i>capture delay</i> PS1 <input type="checkbox"/> Heure: _____ Injection DM: Qté / Qty: _____ Heure / Time: _____ <i>Time</i> PS2 <input type="checkbox"/> Heure: _____ Injection ACTH: Qté / Qty: _____ Heure / Time: _____ <i>Time</i> PS3 <input type="checkbox"/> Heure: _____ <i>Time</i>
<b>Desimplantation</b> N° implant sous-cut / <i>under skin</i> : _____ N° implant Intra-abdo: _____	<b>Comments:</b>
<b>Implantation</b> N° implant Intra-abdo: _____	
Autres / Other: _____	