

Marmottes / Marmots Sassièrè

1,5 x 2,15 ~~1,5~~ 1,08

Date: 23/06/2016 Time: 15 h 40 N° fiche / sheet: 283 Opérateur / Handling: SP

N° individu: 1691 capture id: 9928

Territoire: <u>W</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) 2.250
 L. mandibule / Jaw (mm) 59,95
 L. Patte ant. / Forefoot (mm) 50,16
 L. Cubitus / Ulna (mm) 74,14
 L. Patte post. / Hindfoot (mm) 83,26
 L. Tibia (mm) 93,97
 L. TC / Body length (cm) 42,5
 Larg. Tête zygomatique / Zygomatic width (mm) 57,19
 Larg. Bassin / Basin width (mm) 55,76
 Dist. Ano-Génitale (cm) (marmotton/pup only) ✓

Marking	Transpondeur n° <u>956</u> — 3011000		Paint <u>paint jaune -</u> color <u>✓</u>
	Metal n° <u>0941</u>	Oreille ear G/Left <input type="checkbox"/> D/Right <input checked="" type="checkbox"/>	
	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"/> <small>Pup</small>	2 ans <input type="checkbox"/> <small>2 years old</small>
	1 an <input checked="" 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"/> 1 ○	Hematocyte <input checked="" type="checkbox"/>
TV / Green tube <input type="checkbox"/> 1 ○ ○	Jugal <input type="checkbox"/> ○ ○
TV extract <input type="checkbox"/> ^ ○ ○	Bucal <input type="checkbox"/> ^ ○ ○
TR / Red tube <input type="checkbox"/> 0 ○ ○	Anal <input type="checkbox"/> ^ ○ ○
TR extract <input type="checkbox"/> 0 ○ ○	GB (telomeres) <input type="checkbox"/> ^ ○ ○
Frotti / Blood smear <input type="checkbox"/> 1 ○	white blood cells
	Stress <input type="checkbox"/> 0

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 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>8,62</u> x10 ⁵	Leuco: <u>3,46</u> x10 ⁵	Hematocrite: <u>66%</u>
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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>159</u>	Type implant: viene <input type="checkbox"/> ibutton <input checked="" 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>203</u>	Type implant: viene <input type="checkbox"/> ibutton <input checked="" 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: viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				

Chirurgie/Surgery

Début/start: 17h05
Fin/End: _____
Injection: 3.40 Heure / Time: 16:00
Injection: 0.2 Heure / Time: 16:34
Anhest. Local (Lurocaïne): _____
Anti-infl (Metacam): _____ Heure / Time: _____
Antibio (Baytril): _____ Heure / Time: _____

Desimplantation

N° implant sous-cut / *under skin*: _____ ✓

N° implant Intra-abdo: 159

Implantation

N° implant Intra-abdo: 903

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: