

Marmottes / Marmots Sassièrè

Date: 9/6/2016 Time: 08 h 33 N° fiche / sheet: 303 Opérateur / Handling: Sylvia N° individu: 1722 capture id: 9541

Territoire: <u>U</u> <small>Territory</small>	Recapture yes <input type="checkbox"/> no <input checked="" 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>365</u>
L. mandibule / Jaw (mm)	<u>48,50</u>
L. Patte ant. / Forefoot (mm)	<u>40,61</u>
L. Cubitus / Ulna (mm)	<u>43,19</u>
L. Patte post. / Hindfoot (mm)	<u>56,07</u>
L. Tibia (mm)	<u>59,45</u>
L. TC / Body length (cm)	<u>79</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>40,31</u>
Larg. Bassin / Basin width (mm)	<u>26,81</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>16,74</u>

Marking	Transpondeur n° <u>956000003041953</u>	Paint
	Metal n° <u>0367</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>	
	Plastic n° _____ Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/> color: _____	
	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 checked="" type="checkbox"/> PUP 1 an <input type="checkbox"/> Yearling	2 ans <input type="checkbox"/> 2 years old ≥ 3 ans <input type="checkbox"/> ≥ 3 y
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Echantillons / Samples : nbr + étiquette / label

Feces <input 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 type="checkbox"/> ○
TV extact <input checked="" 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"/> ○
Frotti / Blood smear <input checked="" type="checkbox"/> ○	white blood cells
	Stress <input checked="" 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: 556 x10⁵ Leuco: 1,68 x10⁵ Hematocrite: 50,0=HT
HR=29,78

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"/> under skin 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"/> under skin 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"/>
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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: _____

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

Implantation
N° implant Intra-abdo: _____

Autres / Other: _____

Stress

PS0 délai : 3min Injection zoolétil: Qté / Qty: 0,1 Heure / Time: 12h47
capture delay

PS1 Heure: 13h08 Injection DM: Qté / Qty: 0,37 Heure / Time: 13h19
Time

PS2 Heure: 15h21 Injection ACTH: Qté / Qty: 0,18 Heure / Time: 15h23
Time

PS3 Heure: 16h28
Time

Comments: