

## Marmottes / Marmots Sassièrè

 Date: 05/07/2016

 Time: 19 h 34

 N° fiche / sheet: 382

 Opérateur / Handling: Sylvia


 N° individu: 1788

 capture id: 10030

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>370</u>
L. mandibule / Jaw (mm)	<u>42,33</u>
L. Patte ant. / Forefoot (mm)	<u>38,57</u>
L. Cubitus / Ulna (mm)	<u>41,84</u>
L. Patte post. / Hindfoot (mm)	<u>51,57</u>
L. Tibia (mm)	<u>52,00</u>
L. TC / Body length (cm)	<u>22,0</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>39,24</u>
Larg. Bassin / Basin width (mm)	<u>27,18</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>10,12</u>

<b>Marking</b>	Transpondeur n°  <small>956000003010248</small>	Paint	
	Metal n° <u>0747</u>	Oreille ear	G/Left <input type="checkbox"/> D/Right <input checked="" 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"/>

<b>Age</b>	0 Marmotton <input checked="" type="checkbox"/> Pup	2 ans <input 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 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 type="checkbox"/> ○
TV extract <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"/> ○	Stress <input checked="" type="checkbox"/>

<b>Statut Repro</b>	<del>Male <input type="checkbox"/></del>	<del>Scrotal</del>	<del>yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/></del>
	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"/>

<b>Hemato</b>	Comptages: cell count	Ery: <u>4,07</u> x10 <sup>6</sup>	Leuco: <u>6,98</u> x10 <sup>4</sup>	Hematocrite: <u>total = 42,51</u> <del>19,61</del>
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**Comments:**  
ca

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

**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 : 2min    Injection zolétil:    Qté / Qty: 0,1    Heure / Time: 21h50  
capture    delay

PS1  Heure: 22h08    Injection DM:    Qté / Qty: 0,19    Heure / Time: 22h08  
Time

PS2  Heure: 00h08    Injection ACTH:    Qté / Qty: 0,19    Heure / Time: 00h09  
Time

PS3  Heure: 01h12  
Time

**Comments:** Terminé