

Marmottes / Marmots Sassièrè

Date: 18/05/2017 Time: 14h53 N° fiche / sheet: 4 Opérateur / Handling: SP N° individu: 1660 capture id: 10047

Territoire: RTahg Recapture: yes no
 Territory: RTahg Dominant: Sub: unknown:
 Statut social: unknown

Transpondeur n°: 356-3045085 Paint: orange
 Metal n°: 0814 Oreille ear: G/Left D/Right
 Plastic n°: _____ Oreille ear: G/Left D/Right color: _____
 Implant: yes no download data: yes no

Age: 0 Marmotton Pup 1 an Yearling 2 ans 2 years old ≥ 3 ans ≥ 3 y

Statut Repro: Male Scrotal: yes no unknown
 Female Allaitante Lactating: yes no unknown
 Gestante Pregnant: yes no unknown

Hemato: Comptages: Ery: 109 x10⁶ Leuco: 2.76 x10⁵ Hematocrite: 38%
 cell count

Comments: ca

Measures: Masse corporelle / Body mass (g): 3500g
 L. mandibule / Jaw (mm): 68.42
 L. Patte ant. / Forefoot (mm): 64.26
 L. Cubitus / Ulna (mm): 87.26
 L. Patte post. / Hindfoot (mm): 82.37
 L. Tibia (mm): 104.7
 L. TC / Body length (cm): 49.0
 Larg. Tête zygomatique / Zygomatic width (mm): 64.4
 Larg. Bassin / Basin width (mm): 66.08
 Dist. Ano-Génitale (cm) (marmotton/pup only): ✓

Echantillons / Samples : nbr + étiquette / label

Feces	<input checked="" type="checkbox"/> 2	Erythrocytes	<input checked="" type="checkbox"/> 1
Polis / Hair	<input checked="" type="checkbox"/> 1	Leucocytes	<input checked="" type="checkbox"/> 1
Biopsy	<input checked="" type="checkbox"/> 1	Hematocyte	<input checked="" type="checkbox"/> 1
TV / Green tube	<input checked="" type="checkbox"/> 1	Jugal	<input checked="" type="checkbox"/> 1
TV extract	<input checked="" type="checkbox"/> 2	Bucal	<input checked="" type="checkbox"/> 1
TR / Red tube	<input checked="" type="checkbox"/> 1	Anal	<input checked="" type="checkbox"/> 1
TR extract	<input checked="" type="checkbox"/> 1	GB (telomeres) white blood cells	<input checked="" type="checkbox"/> 1
Frotti / Blood smear	<input checked="" type="checkbox"/> 1	<u>lactin Stress</u>	<input checked="" type="checkbox"/> 1

ca

Action <input type="checkbox"/> pose In <input type="checkbox"/> retrait Out H début/start: _____	Implantation id: <input type="checkbox"/> intra-abdo <input type="checkbox"/> ss-cut <small>under skin</small> H fin/end: _____	Position: <input type="checkbox"/> Abdo <input type="checkbox"/> cou neck Comments:	Implant id: n° _____	Type implant: <input type="checkbox"/> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L
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Chirurgie/Surgery				
Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anhest. Local (Lurocaine): _____ Heure / Time: _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____				
Stress PS0 <input type="checkbox"/> délai: _____ Qté / Qty: _____ Heure / Time: _____ capture delay PS1 <input type="checkbox"/> Heure: _____ Qté / Qty: _____ Heure / Time: _____ Time PS2 <input type="checkbox"/> Heure: _____ Qté / Qty: _____ Heure / Time: _____ Time PS3 <input type="checkbox"/> Heure: _____ Time				
Desimplantation N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____ Implantation N° implant Intra-abdo: _____ Autres / Other: _____				
Comments:				