

Marmottes / Marmots Sassièrè

Date: 18/05/2017 Time: 15 h 57 N° fiche / sheet: 6 Opérateur / Handling: SP N° individu: 1520 capture id: 10049

Territoire: 6 Recapture: yes  no   
 Territory: 6 Statut social: Dominant  Sub  unknown

Transpondeur n° 956-3434388 Paint: 1 vert  
 Metal n° 0577 Oreille G/Left  D/Right   
 Plastic n° \_\_\_\_\_ Oreille G/Left  D/Right  color \_\_\_\_\_  
 Implant yes  no  download data yes  no

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

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

Hemato: Comptages: Ery: 934 x10<sup>5</sup> Leuco: 316 x10<sup>5</sup> Hematocrite: 55%  
 cell count

Comments: ca signements vaginaux. mine bon? ponds mammailla dispo  
avant vérifier outside - Suite ♀ à dom m.w.

Measures: Masse corporelle / Body mass (g) 3250  
 L. mandibule / Jaw (mm) 68.88  
 L. Patte ant. / Forefoot (mm) 62.35  
 L. Cubitus / Ulna (mm) 86.80  
 L. Patte post. / Hindfoot (mm) 80.78  
 L. Tibia (mm) 101.15  
 L. TC / Body length (cm) 46.0  
 Larg. Tête zygomatique / Zygomatic width (mm) 62.23  
 Larg. Bassin / Basin width (mm) 66.10  
 Dist. Ano-Génitale (cm) (marmotton/pup only) ✓

Echantillons / Samples : nbr + étiquette / label

Feces	<input checked="" type="checkbox"/> 2	Erythrocytes	<input checked="" type="checkbox"/> 1
Poils / Hair	<input checked="" type="checkbox"/> 1	Leucocytes	<input checked="" type="checkbox"/> 1
Biopsy	<input checked="" type="checkbox"/> 1	Hematocryte	<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	Stress	<input checked="" type="checkbox"/> 1

<b>Action</b> <input type="checkbox"/> pose In <input type="checkbox"/> retrait Out H début/start: _____	<b>Implantation id:</b> <input type="checkbox"/> intra-abdo <input type="checkbox"/> ss-cut <small>under skin</small> H fin/end: _____	<b>Position:</b> <input type="checkbox"/> Abdo <input type="checkbox"/> cou 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"/>	
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<b>Comments:</b>					
<b>Chirurgie/Surgery</b>					
<b>Stress</b> Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anest. Local (Lurocaine): _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____					
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					
<b>Comments:</b>					
<b>Desimplantation</b> N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____ <b>Implantation</b> N° implant Intra-abdo: _____ Autres / Other: _____					