

Marmottes / Marmots Sassièr

Date: 12/05/2017

Time: 18 h 02

N° fiche / sheet: 9

Opérateur / Handling: SR

N° individu: 1258

capture id: 10052

Territoire: BTaluis Recapture  yes  no

Statut social:  Dominant  Sub  unknown

Transpondeur n° 3032396 Paint orange

Metal n° 0024 Oreille G/Left  D/Right

Plastic n° 03 Oreille G/Left  D/Right  color red

Implant yes  no  download data yes  no

Age: 0 Marmotton  Pupa  1 an  Yearling  2 ans  2 years old  ≥ 3 ans  ≥ 3 y  7

Statut Repro

Male  Scrotal yes  no  unknown

Female  Allaitante yes  no  unknown  Gestante yes  no  unknown

Hemato

Comptages: Ery: 403 x10<sup>6</sup> Leuco: 657 x10<sup>5</sup> Hematocrite: 34.0%

Comments: ca

Measures

Masse corporelle / Body mass (g) 3400

L. mandibule / Jaw (mm) 65.83

L. Patte ant. / Forefoot (mm) 61.64

L. Cubitus / Ulna (mm) 83.03

L. Patte post. / Hindfoot (mm) 79.51

L. Tibia (mm) 98.81

L. TC / Body length (cm) 17.5

Larg. Tête zygomatique / Zygomatic width (mm) 63.35

Larg. Bassin / Basin width (mm) 66.85

Dist. Ano-Génitale (cm) (marmotton/pup only) ✓

Echantillons / Samples : nbr + étiquette / label

Feces  Erythrocytes

Poils / Hair  1 \* skin Leucocytes

Biopsy  Hematocyte

TV / Green tube  Jugal

TV extract  Bucal

TR / Red tube  Anal

TR extract  GB (telomeres)

Frotti / Blood smear  white blood cells

Stress

<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 Comments: _____	<b>Implant id:</b> n° _____ <input type="checkbox"/> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L	<b>Type implant:</b> <input type="checkbox"/> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L
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<b>Chirurgie/Surgery</b>				
<b>Stress</b> Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anest. Local (Lurocaïne): _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____				
<b>Desimplantation</b> N° implant sous-cut / under skin: _____ N° implant intra-abdo: _____ <b>Implantation</b> N° implant Intra-abdo: _____ Autres / Other: _____				
<b>Comments:</b> PS0 <input type="checkbox"/> délai: _____ Qté / Qty: _____ Heure / Time: _____ capture <small>delay</small> 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				