

Marmottes / Marmots Sassièrè

Date: 19/05/2017 Time: 18 h 05 N° fiche / sheet: 16 Opérateur / Handling: SP N° individu: 1481 capture id: 10091

Territoire: B Recapture  yes  no

Statut social Dominant  Sub  unknown

Transpondeur n° 956-3613878

Metal n° 0376 Orelle  G/Left  D/Right

NEW Plastic n° 287 Orelle  G/Left  D/Right

Implant  yes  no

Paint orange

Age 0 Marmotton  Pup  Yearling  2 ans  2 years old 4A

Statut Repro Male  Scrotal  yes  no  unknown

Female  Allaitante  yes  no  unknown

Gestante  yes  no  unknown

Hemato Compages: Env. 440 x10<sup>6</sup> Leuco: 156 x10<sup>5</sup> Hematocrite: 0.90

cell count Hior:          Hématies:         

Comments: Zole-11 lot 15A2  
Nouvelle bague plastic

Measures Masse corporelle / Body mass (g) 3,750 kg

L. mandibule / Jaw (mm) 71,22

L. Patte ant. / Forefoot (mm) 61,28

L. Cubitus / Ulna (mm) 93,24

L. Patte post. / Hindfoot (mm) 82,17

L. Tibia (mm) 105,63

L. TC / Body length (cm) 50,5

Larg. Tête zygomatique/ Zygomatic width (mm) 64,85

Larg. Bassin / Basin width (mm) 90,34

Dist. Ano-Genitale (cm) (marmotton/pup only)         

Echantillons / Samples : nbr + étiquette / label

Feces  Erythrocytes

Poils / Hair  Leucocytes

Biopsy  Hematocryte

TV / Green tube  Jugal

TV extract  Bucal

TR / Red tube  Anal

TR extract  GB (telomeres)

Frott / Blood smear  white blood cells

Stress

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