


Marmottes / Marmots Sassièrè

Date: 29/05/2017 Time: 13 h 00 N° fiche / sheet: 20 Opérateur / Handling: SP N° individu: 1623 capture id: 10095

Territoire: Y Recapture yes no

Statut social Dominant Sub unknown

Transpondeur n° 3441429 Paint 

Metal n° 08333 Oreille Gl/Left D/Right

Plastic n° _____ Oreille Gl/Left D/Right color _____

Implant yes no

Age 0 Marmoton PUP 1 an Yearling 2 ans 2 3 ans 2 years old 2-3 y

Male Scrotal yes no unknown *pink*

Female Allaitante yes no unknown

Gestante yes no unknown

Hemato Compages: Ev: 432 x10⁶ Leuco: 1.64 x10⁶ Hematocrite: 0

cell count Hit: Hematites: _____

Comments: *provision dominat* *mark de A* *↳ coupure*

Measures Masse corporelle / Body mass (g) 3,150g

L. mandibule / Jaw (mm) 68,17 mm

L. Patte ant. / Forefoot (mm) 61,80

L. Cubitus / Ulna (mm) 29,01

L. Patte post. / Hindfoot (mm) 21,88

L. Tibia (mm) 102,07

L. TC / Body length (cm) 47,00 cm

Larg. Tête zygomatique/ Zygomatic width (mm) 64,47 cm

Larg. Bassin / Basin width (mm) 64,26 cm

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

Echantillons / Samples : nbr + étiquette / label

Feces 2 Erythrocytes 1

Poils / Hair 2 Leucocytes 1

Biopsy 1 Hematocyte 1

TV / Green tube 1 Jugal 1

TV extract 1 Bucal 1

TR / Red tube 1 Anal 1

TR extract 1

Frott / Blood smear 1

GB (telomeres) white blood cells

Stress

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	Implant id: n° _____	Type implant: <input type="checkbox"/> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> startt-oddi S <input type="checkbox"/> startt-oddi L	Comments:
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	Implant id: n° _____	Type Implant: <input type="checkbox"/> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> startt-oddi S <input type="checkbox"/> startt-oddi L	Comments:
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	Implant id: n° _____	Type Implant: <input type="checkbox"/> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> startt-oddi S <input type="checkbox"/> startt-oddi L	Comments:
Chirurgie/Surgery					
Stress PS0 <input type="checkbox"/> délai: _____ Qré / Qry: _____ Heure / Time: _____ <small>capture delay</small> PS1 <input type="checkbox"/> Heure: _____ Qré / Qry: _____ Heure / Time: _____ <small>Time</small> PS2 <input type="checkbox"/> Heure: _____ Qré / Qry: _____ Heure / Time: _____ <small>Time</small> PS3 <input type="checkbox"/> Heure: _____ Qré / Qry: _____ Heure / Time: _____ <small>Time</small>					
Comments:					
Desimplantation N° implant sous-cut / under skin: _____ N° implant intra-abdo: _____					
Implantation N° implant Intra-abdo: _____					
Autres / Other: _____					