

Marmottes / Marmots Sassièrè

Date: 20/12/2017 Time: 14 h 00 N° fiche / sheet: 22 Opérateur / Handling: SP N° individu: 1652 capture id: 10129

Territoire: F Recapture yes no

Statut social Dominant Sub unknown

Transpondeur n° 3016183 Paint —

Metal n° 0995 Oreille G/Left D/Right m-len

Plastic n° — Oreille G/Left D/Right color —

Implant yes no download data yes no

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

Statut Repro Male Scrotal yes no unknown

Female Allaitante yes no unknown Gestante yes no unknown

Hemato Complages: Ery: 244 x10⁵ Leuco: 302 x10⁵ Hematocrite: 078

Comments: ca

Measures Masse corporelle / Body mass (g) 3250

L. mandibule / Jaw (mm) 68,74

L. Patte ant. / Forefoot (mm) 60,91

L. Cubitus / Ulna (mm) 83,42

L. Patte post. / Hindfoot (mm) 82,57

L. Tibia (mm) 100,94

L. TC / Body length (cm) 48,0

Larg. Tête zygomatique/ Zygomatic width (mm) 62,85

Larg. Bassin / Basin width (mm) 52,92

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

Echantillons / Samples : nbr + étiquette / label

Feces Enythocytes

Poils / Hair Leucocytes

Biopsy Hematocyte

TV / Green tube Jugal

TV extract Bucal

TR / Red tube Anal

TR extract

Frott / Blood smear GB (telomeres) white blood cells

Stress

Handwritten signature

Action pose <input type="checkbox"/> In retrait <input type="checkbox"/> Out H début/start: _____ H fin/end: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> <small>under skin</small> H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	Implant id: n° _____	Type implant: viennne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				
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Comments:				
Chirurgie/Surgery				
Stress				
Début/start: _____ Fin/End: _____	Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____	Injection zolétiti: _____ Qté / Qty: _____ Heure / Time: _____ Injection DM: _____ Qté / Qty: _____ Heure / Time: _____ Injection ACTH: _____ Qté / Qty: _____ Heure / Time: _____	PS0 <input type="checkbox"/> délai: _____ capture delay PS1 <input type="checkbox"/> Heure: _____ Time PS2 <input type="checkbox"/> Heure: _____ 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:				