

Marmottes / Marmots Sassièrè

Date: 24/05/2017 Time: 14h00 N° fiche / sheet: 34 Opérateur / Handling: TFZ N° individu: 1744 capture id: 10139

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

Transpondeur n°: -3042439 Paint: bleu
 Metal n°: 0232 Orelle ear: G/Left D/Right
 Plastic n°: _____ Orelle ear: G/Left D/Right color: _____
 Implant: yes no

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

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

Hemato: Compages: Enr: 258 x10⁵ Leuco: 42 x10⁶ Hematocrite: 0.75
 cell count: Hct: _____ Hemates: _____

Comments: New metal

Measures: Masse corporelle / Body mass (g): 1500
 L. mandibule / Jaw (mm): 52.77
 L. Patte ant. / Forefoot (mm): 54.84
 L. Cubitus / Ulna (mm): 65.23
 L. Patte post. / Hindfoot (mm): 75.02
 L. Tibia (mm): 87.50
 L. TC / Body length (cm): 38.10
 Larg. Tête zygomatique/ Zygomatic width (mm): 54.37
 Larg. Bassin / Basin width (mm): 48.32
 Dist. Ano-Genitale (cm) (marmotton/pup only): _____

Echantillons / Samples : nbr + étiquette / label

Feces	<input checked="" type="checkbox"/> 2	Enrthocytes	<input checked="" type="checkbox"/> 1
Polis / Hair	<input checked="" type="checkbox"/> 2	Leucocytes	<input checked="" type="checkbox"/> 1
Biopsy	<input checked="" type="checkbox"/> 1	Hematocrye	<input checked="" type="checkbox"/> 1
TV / Green tube	<input checked="" type="checkbox"/> 2	Jugal	<input type="checkbox"/> 0
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

Action pose <input type="checkbox"/> In retrait <input type="checkbox"/> Out	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> <i>under skin</i> H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	Implant id: n° _____	Type implant: vienne <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 Dobut/start: _____ Injection zooletil: _____ Qte / Qty: _____ Heure / Time: _____ Fin/End: _____ capture <input type="checkbox"/> delai : _____ Injection: _____ Heure / Time: _____ PS1 <input type="checkbox"/> Heure: _____ Qte / Qty: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ PS2 <input type="checkbox"/> Heure: _____ Qte / Qty: _____ Heuro / Time: _____ Anbst. Local (Lurocaïne): _____ PS3 <input type="checkbox"/> Heure: _____ Anti-inf (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____				
Desimplantation N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____				
Implantation N° implant Intra-abdo: _____				
Autres / Other: _____				
Comments:				