

Marmottes / Marmots Sassièrè

Date: 21/05/2017 Time: 9h55 N° fiche / sheet: 41 Opérateur / Handling: SP N° individu: 1625 capture id: 10148

territoire: Y Recapture yes  no  Statut social Dominant  Sub  unknown

Transpondeur n° 256-3015039  
 Metal n° 0236 Oreille G/Left  D/Right   
 Plastic n° \_\_\_\_\_ Oreille G/Left  D/Right  color \_\_\_\_\_  
 Implant yes  no   
 Paint black

**Measures**  
 Masse corporelle / Body mass (g) 2300  
 L. mandibule / Jaw (mm) 61.88  
 L. Patte ant. / Forefoot (mm) 58.89  
 L. Cubitus / Ulna (mm) 84.59  
 L. Patte post. / Hindfoot (mm) 78.75  
 L. Tibia (mm) 98.42  
 L. TC / Body length (cm) 42.5  
 Larg. Tête zygomatique/ Zygomatic width (mm) 57.48  
 Larg. Bassin / Basin width (mm) 58.23  
 Dist. Ano-Génitale (cm) (marmotton/pup only) 1

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

**Echantillons / Samples : nbr + étiquette / label**  
 Feces   
 Polts / Hair   
 Biopsy   
 Erythrocytes   
 Leucocytes   
 Hematocyte

Male  Scrotal yes  no  unknown   
 Female  Allaitante yes  no  unknown   
 Gestante yes  no  unknown

Jugal   
 Bucal   
 Anal   
 GB (telomeres)   
 white blood cells

Hemato Comptages: Ery: 348 x10<sup>5</sup> Leuco: NA x10<sup>10</sup> Hematocrite: 0.62  
*very sanguineous leucocytes*  
 Hiot: \_\_\_\_\_ Hematosis: \_\_\_\_\_

TV / Green tube   
 TV extract   
 TR / Red tube   
 TR extract   
 Frotti / Blood smear

Comments:

B

<b>Action</b> pose <input type="checkbox"/> In retrait <input checked="" type="checkbox"/> Out H début/start: _____	<b>Implantation id:</b> intra-abdo <input checked="" type="checkbox"/> <small>under skin</small> ss-cut <input type="checkbox"/> H fin/end: _____	<b>Position:</b> Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/> neck	<b>Implant id:</b> n° <u>177</u>	<b>Type implant:</b> vienne <input type="checkbox"/> ithubton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
<b>Comments:</b>				
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<b>Comments:</b>				
<b>Chirurgie/Surgery</b> Début/start: <u>11:28</u> Fin/End: <u>M#46</u> Injection: <u>Zol 4,5</u> Heure / Time: <u>10:40</u> Injection: _____ Heure / Time: _____ Anest. Local (Lurocaine): <u>Amul</u> Heure / Time: <u>ok</u> Anti-infl (Metacam): <u>0.15ml</u> Heure / Time: <u>ok</u> Antibio (Baytril): <u>0.23ml</u> Heure / Time: <u>ok</u>				
<b>Stress</b> PS0 <input type="checkbox"/> délai : _____ Injection zooléiti: _____ Qté / Qty: _____ Heure / Time: _____ capture delay PS1 <input type="checkbox"/> Heure: _____ Injection DM: _____ Qté / Qty: _____ Heure / Time: _____ Time PS2 <input type="checkbox"/> Heure: _____ Injection ACTH: _____ Qté / Qty: _____ Heure / Time: _____ Time PS3 <input type="checkbox"/> Heure: _____ Time				
<b>Desimplantation</b> N° implant sous-cut / under skin: _____ N° implant Intra-abdo: <u>177</u> <b>Implantation</b> N° implant Intra-abdo: _____ Autres / Other: <u>B</u>				
<b>Comments:</b>				