

Date: 22/05/2019 Time: 17 h 00 N° fiche / sheet: 45 Opérateur / Handling: T Z N° individu: 1930 capture id: 10152

Territoire: S Recapture yes no

Statut social Dominant Sub unknown

Transpondeur n° 3440022

Metal n° 0885 Orelle G/Left D/Right

Plastic n° 324 Orelle G/Left D/Right

Implant yes no

Paint O jaune

Measures

Masse corporelle / Body mass (g) 3300g

L. mandibule / Jaw (mm) 71.15

L. Patte ant. / Forefoot (mm) 60.72

L. Cubitus / Ulna (mm) 93.07

L. Patte post. / Hindfoot (mm) 83.95

L. Tibia (mm) 107.27

L. TC / Body length (cm) 59.0

Larg. Tête zygomatique/ Zygomatic width (mm) 65.39

Larg. Bassin / Basin width (mm) 68.25

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

SP

Age

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

Echantillons / Samples : nbr + étiquette / label

Feces 2

Enthocytes 1

Male Scrotal yes no unknown

Poils / Hair 1

Leucocytes 1

Hematocyte 1

Female Allaitante yes no unknown

Gestante yes no unknown

TV / Green tube 1

Jugal 1

TV extract 1

Bucal 1

TR / Red tube 1

Anal 1

Hemato

Compages: Ery: 402 x10⁶ Leuco: 402 x10⁶ Hematocrite: 0.85

cell count

Hic: — Hematos: —

TR extract 1

GB (telomeres) 1

white blood cells

Comments: New plastic

Frotti / Blood smear 1

Stress 1

Action <input type="checkbox"/> pose In <input type="checkbox"/> retrait Out H début/start: _____ H fin/end: _____	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 Comments: _____	Implant id: n° _____ Type implant: <input type="checkbox"/> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L
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 Comments: _____	Implant id: n° _____ Type implant: <input type="checkbox"/> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L
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Chirurgie/Surgery			
Stress Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anesth. Local (Lurocaine): _____ Heure / Time: _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____			
Comments: PS0 <input type="checkbox"/> délai : _____ Injection zoalôtil: _____ Qté / Qty: _____ Heure / Time: _____ <small>capture delay</small> PS1 <input type="checkbox"/> Heure: _____ Injection DM: _____ Qté / Qty: _____ Heure / Time: _____ <small>Time</small> PS2 <input type="checkbox"/> Heure: _____ Injection ACTH: _____ Qté / Qty: _____ Heure / Time: _____ <small>Time</small> PS3 <input type="checkbox"/> Heure: _____ <small>Time</small>			
Desimplantation N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____ Implantation N° implant Intra-abdo: _____ Autres / Other: _____			