

Marmottes / Marmots Sassièrè

Date: 24 / 05 / 2017 Time: 14 h 40 N° fiche / sheet: 56 Opérateur / Handling: SP N° individu: 1319 capture id: 10163

Territoire: L
Territory

Recapture yes no

Statut social Dominant Sub unknown

Marking

Transpondeur n° -3036522

Metal n° 0827 Oreille ear G/Left D/Right

Plastic n° 358 Oreille ear G/Left D/Right color verte

Implant yes no

Paint Orange

Measures

Masse corporelle / Body mass (g) 3800

L. mandibule / Jaw (mm) 74,45

L. Patte ant. / Forefoot (mm) 63,58

L. Cubitus / Ulna (mm) 95,88

L. Patte post. / Hindfoot (mm) 85,46

L. Tibia (mm) 105,59

L. TC / Body length (cm) 51,50

Larg. Tête zygomatique / Zygomatic width (mm) 68,60

Larg. Bassin / Basin width (mm) 71,44

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

Age

0 Marmotton Pup
1 an Yearling

2 ans 2 years old
≥ 3 ans 6 ≥ 3 y

Echantillons / Samples : nbr + étiquette / label

Feces <input checked="" type="checkbox"/> <u>2</u>	Erythrocytes <input checked="" type="checkbox"/> <u>1</u>
Poils / Hair <input checked="" type="checkbox"/> <u>1</u>	Leucocytes <input checked="" type="checkbox"/> <u>1</u>
Biopsy <input checked="" type="checkbox"/> <u>1</u> ○	Hematocyte <input checked="" type="checkbox"/> <u>1</u>
TV / Green tube <input checked="" type="checkbox"/> <u>1</u> ○ ○	Jugal <input checked="" type="checkbox"/> <u>1</u> ○
TV extract <input checked="" type="checkbox"/> <u>2</u> ○ ○	Bucal <input checked="" type="checkbox"/> <u>1</u> ○
TR / Red tube <input checked="" type="checkbox"/> <u>1</u> ○ ○	Anal <input checked="" type="checkbox"/> <u>1</u> ○
TR extract <input checked="" type="checkbox"/> <u>1</u> ○ ○	GB (telomeres) <input checked="" type="checkbox"/> <u>1</u> ○ white blood cells
Frotti / Blood smear <input checked="" type="checkbox"/> <u>1</u> ○	Stress <input checked="" type="checkbox"/> <u>1</u>

Statut Repro

Male Scrotal yes no unknown

Female Allaitante Lactating yes no unknown

Gestante Pregnant yes no unknown

Hemato

Comptages: cell count Ery: 4,78 x10⁵ Tube rate Leuco: 7,93 x10⁵ Hematocrite: 0, 79
Htot: ___ Hématies: ___

Comments:

Action pose <input type="checkbox"/> In retrait <input type="checkbox"/> Out H début/start: _____	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"/> <small>neck</small>	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

Début/start: _____
Fin/End: _____

Injection: _____ Heure / Time: _____
Injection: _____ Heure / Time: _____

Anest. Local (Lurocaïne): _____

Anti-infl (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: _____

Stress

PS0 délai : _____ Injection zoolétif: Qté / Qty: _____ Heure / Time: _____
capture delay

PS1 Heure: _____ Injection DM: Qté / Qty: _____ Heure / Time: _____
Time

PS2 Heure: _____ Injection ACTH: Qté / Qty: _____ Heure / Time: _____
Time

PS3 Heure: _____
Time

Comments: