

Marmottes / Marmots Sassièrè

Date: 31/05/2017 Time: 11h00 N° fiche / sheet: 114 Opérateur / Handling: SPTZ N° individu: 1685 capture id: 10253

Territoire: <u>Bfac</u> <small>Territory</small>	Recapture yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Statut social Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
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Marking	Transpondeur n° <u>3028587</u>	Paint <u>lav</u> <u>violet</u>
	Metal n° <u>0957</u> Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>	
	Plastic n° _____ Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/> color _____	
	Implant yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	

Measures

Masse corporelle / Body mass (g) ~~69.36~~ 3050
 L. mandibule / Jaw (mm) ~~63.09~~ 69.36
 L. Patte ant. / Forefoot (mm) ~~84.02~~ 63.09
 L. Cubitus / Ulna (mm) ~~87.87~~ 86.02
 L. Patte post. / Hindfoot (mm) 87.87
 L. Tibia (mm) 105.61
 L. TC / Body length (cm) 67
 Larg. Tête zygomatique / Zygomatic width (mm) 62.78
 Larg. Bassin / Basin width (mm) 65.04
 Dist. Ano-Génitale (cm) (marmotton/pup only)

Age	0 Marmotton <input type="checkbox"/> Pup 1 an <input type="checkbox"/> Yearling	2 ans <input checked="" type="checkbox"/> 2 years old ≥ 3 ans <input type="checkbox"/> ≥ 3 y
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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>1</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>2</u> ○ <small>white blood cells</small>
Frotti / Blood smear <input checked="" type="checkbox"/> <u>1</u> ○	Stress <input checked="" type="checkbox"/> <u>1</u>

Statut Reprò	Male <input checked="" type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>	Female <input type="checkbox"/> Allaitante Lactating yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	Gestante Pregnant yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>
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Hemato	Comptages: Ery: <u>1.10</u> x10 ⁶ Leuco: <u>2.35</u> x10 ⁵ Hematocrite: 0, <u>66</u>
	cell count 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"/> under skin H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	Implant id: n° _____	Type implant: vienné <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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"/> under skin H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/> neck	Implant id: n° _____	Type implant: vienné <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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Comments:				
Chirurgie/Surgery Début/start: _____ Fin/End: _____ Injection: _____ Heure / Time: _____ Injection: _____ Heure / Time: _____ Anhest. Local (Lurocaïne): _____ Anti-infl (Metacam): _____ Heure / Time: _____ Antibio (Baytril): _____ Heure / Time: _____			Stress PS0 <input type="checkbox"/> délai : _____ Injection zoolétil: 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	
Desimplantation N° implant sous-cut / under skin: _____ N° implant Intra-abdo: _____ Implantation N° implant Intra-abdo: _____ Autres / Other: _____			Comments:	