


Marmottes / Marmots Sassièrè

Date: 26/06/2017 Time: 12h00 N° fiche / sheet: 179 Opérateur / Handling: TZ N° individu: 1803 capture id: 107409

Territoire: <u>Suibz</u> Territory		Recapture yes <input type="checkbox"/> no <input checked="" type="checkbox"/>		Statut social Dominant <input type="checkbox"/> Sub <input checked="" type="checkbox"/> unknown <input type="checkbox"/>		Measures			
Marking	Transpondeur n°  956000003014663			Paint		Masse corporelle / Body mass (g) <u>430</u>			
	Metal n° <u>φ262</u>	Oreille ear	G/Left <input checked="" type="checkbox"/>	D/Right <input type="checkbox"/>		L. mandibule / Jaw (mm) <u>42,14</u>			
	Plastic n° _____	Oreille ear	G/Left <input type="checkbox"/>	D/Right <input type="checkbox"/>	color _____	L. Patte ant. / Forefoot (mm) <u>42,95</u>			
		Implant	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>		L. Cubitus / Ulna (mm) <u>48,20</u>			
						L. Patte post. / Hindfoot (mm) <u>60,0</u>			
						L. Tibia (mm) <u>61,34</u>			
						L. TC / Body length (cm) <u>22,5</u>			
						Larg. Tête zygomatique / Zygomatic width (mm) <u>41,72</u>			
						Larg. Bassin / Basin width (mm) <u>31,01</u>			
						Dist. Ano-Génitale (cm) (marmotton/pup only) <u>18,27</u>			
Age	0 Marmotton <input checked="" type="checkbox"/> Pup		2 ans <input type="checkbox"/> 2 years old						
	1 an <input type="checkbox"/> Yearling		≥ 3 ans <input type="checkbox"/> ≥ 3 y						
Statut Repro	Male <input checked="" type="checkbox"/>		Scrotal		Echantillons / Samples : nbr + étiquette / label				
			yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>		Feces <input checked="" type="checkbox"/>				
	Female <input type="checkbox"/>		Allaitante Lactating		Erythrocytes <input checked="" type="checkbox"/>				
			yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>		Leucocytes <input checked="" type="checkbox"/>				
			Gestante Pregnant		Hematocyte <input checked="" type="checkbox"/>				
			yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>		TV / Green tube <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
					TV extract <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
					TR / Red tube <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
					TR extract <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
					Frotti / Blood smear <input checked="" type="checkbox"/> <input type="checkbox"/>				
					Jugal <input type="checkbox"/> <input type="checkbox"/>				
					Bucal <input checked="" type="checkbox"/> <input type="checkbox"/>				
					Anal <input checked="" type="checkbox"/> <input type="checkbox"/>				
					GB (telomeres) <input checked="" type="checkbox"/> <input type="checkbox"/> white blood cells				
					Stress <input checked="" type="checkbox"/>				
Hemato	Comptages: Ery: <u>NA</u> x10__		Leuco: <u>1,84</u> x10 ⁶		Hematocrite: 0, <u>62</u>				
	cell count				Htot: __ Hématies: __				
Comments:									

Action pose <input type="checkbox"/> retrait <input type="checkbox"/> In 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: vienne <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"/> retrait <input type="checkbox"/> In 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: 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: _____ Anhest. 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 <input type="checkbox"/> délai : _____ Injection zoolétit: 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			
Comments:				