

Date: 30/06/2017

Time: 12h00

N° fiche / sheet: 201

Opérateur / Handling: SP

### Marmottes / Marmots Sassièrè

6300 - 1500 = 4800

Territoire: CE

Recapture  
yes   
no

Statut social  
Dominant   
Sub   
unknown

N° individu: 1443

capture id: 10496

#### Marking

Transpondeur n° -3415425

Metal n° 0013

Plastic n° 462

Oreille ear  
G/Left  D/Right

Oreille ear  
G/Left  D/Right

Implant  
yes  no

Paint

color blue

#### Measures

- Masse corporelle / Body mass (g) 4650g
- L. mandibule / Jaw (mm) 70.2
- L. Patte ant. / Forefoot (mm) 60.3
- L. Cubitus / Ulna (mm) 89.9
- L. Patte post. / Hindfoot (mm) 85.2
- L. Tibia (mm) 102.6
- L. TC / Body length (cm) 49.5
- Larg. Tête zygomatique / Zygomatic width (mm) 65.6
- Larg. Bassin / Basin width (mm) 69.1
- Dist. Ano-Génitale (cm) (marmotton/pup only) /

#### Age

0 Marmotton  Pup  
1 an  Yearling

2 ans  2 years old  
≥ 3 ans  ≥ 3 y

#### Statut Repro

Male   
Scrotal  
yes   
no   
unknown

Female   
Allaitante Lactating  
yes   
no   
unknown   
Gestante Pregnant  
yes   
no   
unknown

#### Echantillons / Samples : nbr + étiquette / label

- Feces
- Poils / Hair
- Biopsy
- TV / Green tube
- TV extact
- TR / Red tube
- TR extract
- Frotti / Blood smear
- Erythrocytes
- Leucocytes
- Hematocyte
- Jugal
- Bucal
- Anal
- GB (telomeres)    
white blood cells
- Stress

Comptages: Ery: 1/10 x10<sup>6</sup>

Leuco: 4.75 x10<sup>5</sup>

Hematocrite: 0.61

Htot: Hématies:

#### Comments:

11 mammelles

New plastic

tu de GB congelés le lendemain

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