

fiche non fini dans la base de données 6/19/07
Marmottes / Marmots Sassièrè

Date: 05/07/2017 Time: 10h30 N° fiche / sheet: 220 Opérateur / Handling: JD

N° individu: 1832 capture id: 10515

Territoire: W
 Territory

Recapture yes
 no

Statut social Dominant
 Sub
 unknown

Measures

Masse corporelle / Body mass (g)	<u>280g</u>	<u>SP.</u>
L. mandibule / Jaw (mm)	<u>42.9</u>	<u>42,5</u>
L. Patte ant. / Forefoot (mm)	<u>39.2</u>	<u>40,4</u>
L. Cubitus / Ulna (mm)	<u>41.1</u>	<u>41,2</u>
L. Patte post. / Hindfoot (mm)	<u>54.3</u>	<u>51,2</u>
L. Tibia (mm)	<u>52.9</u>	<u>48,9</u>
L. TC / Body length (cm)	<u>20.20</u>	<u>20</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>37.5</u>	<u>38,6</u>
Larg. Bassin / Basin width (mm)	<u>26.7</u>	<u>26,5</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>11.4</u>	<u>10,3</u>

Marking

Transpondeur n°  956000003040487
 Metal n° Ø35Ø Oreille ear G/Left D/Right
 Plastic n° _____ Oreille ear G/Left D/Right color _____
 Implant yes no

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

Comptages: Ery: 7.99 x10⁵ Leuco: 1.13 x10⁵ Hematocrite: 0.
 Htot: _____ Hématies: _____

Comments: limite de nuit

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"/> neck	Implant id: n° _____	Type implant: viene <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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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 capture délai : _____ Injection zoolétit: Qté / Qty: _____ Heure / Time: _____

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

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

PS3 Heure: _____

Comments: