

Marmottes Sassi re/ Marmots Sassi re

 Date: 30/06/2015

 Time: 21 h 25

 N  fiche/sheet: 342

 Op rateur/ Handling: Colos

 N  individu: 1683


 capture id: 9568

 Territoire: W
 Territory

 Recapture yes
 no

 Statut social Dominant
 Sub
 unknown
Measures

Masse corporelle / Body mass (g)	<u>355</u>
L. mandibule / Jaw (mm)	49,30 <u>49,30</u>
L. Patte ant. / Forefoot (mm)	41,42 <u>41,42</u>
L. Cubitus / Ulna (mm)	42,87 <u>42,87</u>
L. Patte post. / Hindfoot (mm)	<u>53,98</u>
L. Tibia (mm)	<u>53,70</u>
L. TC / Body length (cm)	<u>21,00</u>
Larg. T�te zygomatique/ Zygomatic width (mm)	<u>40,55</u>
Larg. Bassin / Basin width (mm)	<u>25,71</u>
Dist. Ano-G�nitale (cm) (marmotton/pup only)	<u>8,11</u>

Marking	Transpondeur n�  956000003043049	Paint
	Metal n� <u>0955</u> Oreille / ear <u>00</u>	
	Plastic n� <u>/</u> Oreille / ear <u>/</u> color <u>/</u>	
	Implant yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	

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

Echantillons / Samples : nbr +  tiquette / label

Feces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Eurytic	<input type="checkbox"/>
Poils / Hair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leucotic	<input type="checkbox"/>
Biopsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hematocyte	<input type="checkbox"/>
TV / Green tube	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Jugal	<input type="checkbox"/>
TR / Red tube	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bucal	<input type="checkbox"/>
Frotti / Blood smear	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Anal	<input type="checkbox"/>

Statut Repro	Male <input checked="" type="checkbox"/> Scrotal yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
	Female <input checked="" type="checkbox"/> Allaitante yes <input type="checkbox"/> Lactating no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>
	Gestante yes <input type="checkbox"/> Pregnant no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>

Hemato TV extract: nb: _____ TR extract: nb: _____ Htot: _____ Hematie: _____

Remarques / remarks

 Extraction GB Stress

Action pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	Implantation id: intra-abdo <input checked="" type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° <u>155</u>	Type implant: vienne <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
Comments:				
Action pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	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"/> dépose <input type="checkbox"/> H début/start: _____	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	Position: Abdo <input type="checkbox"/> cou <input type="checkbox"/>	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:				

Surgery

Début: 21h39
Fin: 21h54
Injection: 0,1 H: 21h25
Injection: _____ H: _____
Anhest. Local (Lurocaïne): _____
Anti-infl (Metacam): 0,02 H: 21h55
Antibio (Baytril): 0,04 H: 21h55

Desimplantation
N° implant sous-cut: _____
N° implant Intra-abdo: _____

Implantation
N° implant Intra-abdo: 155 21h42

Autres:

Stress

PS1

Injection DM: Heure: _____ PS Heure: _____
Injection ACTH: Heure: _____ PS Heure: _____
PS Heure: _____

Comments: