

**HAMLIN UNIVERSITY OSTEOLOGY LABORATORY
OSTEOLOGICAL ANALYSIS CHECKLIST**

Agency _____

Case No. _____

Observer(s) _____

Date _____

Sex: M PM F PF INDET. **Age** _____

MNI _____

Comments (i.e. context of discovery, preservation of remains, information requested):

- | | | | |
|-------|--|-------|---------------------------|
| _____ | Skeletal Inventory | _____ | Post-cranial metrics |
| _____ | Sex Determination | _____ | Post-cranial non-metrics |
| _____ | Age Determination | _____ | Dental metrics |
| _____ | Stature | _____ | Dental non-metrics |
| _____ | Racial Affiliation | _____ | Dental Pathology |
| _____ | Cranial Metrics | _____ | Skeletal Pathology/Trauma |
| _____ | Cranial Non-metrics | | |
| _____ | Schematics (list those included) | | |
| _____ | X-rays (list those taken, include orientation) | | |
| _____ | Photography (list those taken, type of photography, number of rolls) | | |
| _____ | Samples (list those taken) | | |

* Include code definition/explanation sheets
* Fill out a separate *Osteological Analysis Checklist* for each individual