

**Hamline University Osteology Laboratory
Skeletal Inventory Form**

Agency _____

Case No. _____

OVERALL COMPLETENESS OF POSTCRANIAL SKELETON: _____ %

POSTCRANIAL SKELETON

(Use trinary code for elements listed below when applicable)

	L	R		L	R		L	R
SCAPULA	_____	_____	CARPAL	_____	_____	TARSALS	_____	_____
CLAVICLE	_____	_____	NAVICULAR	_____	_____	TALUS	_____	_____
HUMERUS	_____	_____	LUNATE	_____	_____	CALCANEUS	_____	_____
RADIUS	_____	_____	TRIANGULAR	_____	_____	CUBOID	_____	_____
ULNA	_____	_____	PISIFORM	_____	_____	NAVICULAR	_____	_____
FEMUR	_____	_____	GR. MULT.	_____	_____	1ST CF	_____	_____
TIBIA	_____	_____	L. MULT.	_____	_____	2ND CF	_____	_____
FIBULA	_____	_____	CAPITATE	_____	_____	3RD CF	_____	_____
PATELLA	_____	_____	HAMATE	_____	_____			
ILIUM	_____	_____						
ISCHIUM	_____	_____	METACARPALS			METATARSALS		
PUBIS	_____	_____	1ST MC	_____	_____	1ST MT	_____	_____
MANUBRIUM	_____	_____	2ND MC	_____	_____	2ND MT	_____	_____
GLADIOLUS	_____	_____	3RD MC	_____	_____	3RD MT	_____	_____
XIPHOID	_____	_____	4TH MC	_____	_____	4TH MT	_____	_____
			5TH MC	_____	_____	5TH MT	_____	_____
RIBS (# of head present)	_____	_____	PHALANGES			PHALANGES		
			PROXIMAL	_____	_____	PROXIMAL	_____	_____
			MIDDLE	_____	_____	MIDDLE	_____	_____
			DISTAL	_____	_____	DISTAL	_____	_____

MISCELLANEOUS ARTICULAR SURFACES AND/OR JOINT ATTACHMENT AREAS

AURICULAR SURFACE	L _____ R _____
PUBIC SYMPHYSIS	L _____ R _____
ACETABULUM	L _____ R _____
GLENOID FOSSA	L _____ R _____

VERTEBRAE

CERVICAL:	1 _____	THORACIC:	1 _____ 7 _____	LUMBAR:	1 _____
	2 _____		2 _____ 8 _____		2 _____
	3 _____		3 _____ 9 _____		3 _____
	4 _____		4 _____ 10 _____		4 _____
	5 _____		5 _____ 11 _____		5 _____
	6 _____		6 _____ 12 _____		
	7 _____				
# present _____		# present _____		# present _____	

SACRUM _____
COCCYX _____

GENERAL COMMENTS REGARDING SKELETAL INVENTORY: