

## TREATMENT REQUEST COLLECTIONS DEPARTMENT ARCHAEOLOGY

			RE	QUEST DA	TE:				
NAME:			_	PHONE:	h b fax				
ADDRESS:	Institution Name Street Address: City/State/Zip:						- - -		
OSA LICENSE NUMBER:					MHS LOAN NUMBER IF APPLICABLE:				
	or to deposit with er deposit with M								
☐ thin section☐ stabilizatio	d/reconstruction		_ _ _	corrosion pr	oduct	oval of carbon saremoval es for testing/ana	_	s]	
	TS AFFECTED: number	description							
TREATMENT P	PROPOSAL:	_		t:					
Brief c	lescription of prop	osed treatment: [	please de	scribe materi	als, too	ols and methods	intended]		
Please attach a co	opy of the applicat	ion form when A	MS dates	s are required	l.				
Data from this form	n is used for statistic ch interests.	al and research top	oic summa	ries. Please m	ark <b>☑</b> i	f you do not wish	your name and a	idress released	



A treatment request form must be submitted for any of the following processes:

- Carbon samples to be submitted for dating *prior to* deposit of the associated collections with MHS
- Samples to be submitted for phytolith identification prior to deposit of associated collections with MHS
- Carbon samples to be submitted for dating after deposit of the associated collections with MHS
- Samples to be submitted for phytolith identification after deposit of associated collections with MHS
- Stabilization or reconstruction of collections *prior to* deposit with MHS
- Stabilization or reconstruction of collections after deposit with MHS (such as during a loan)

Minnesota Historical Society staff recognize the importance to researchers of timely project completion and will work to respond quickly to requests for treatment prior to deposit of collections. To ensure the fastest response time, attach a copy of the Treatment Request Form (word document version) to an email and send it to: <a href="mailto:patricia.emerson@mnhs.org">patricia.emerson@mnhs.org</a>. Please print out the returned request and add it to the collections documentation.

If you wish to mail the completed form, please send it to the Head of Archaeology at the address listed below. You will be contacted once your request has been reviewed.

Head of Archaeology Minnesota Historical Society Historic Fort Snelling 200 Tower Avenue Saint Paul, MN 55111 or send fax to: @ (612) 725-2429

**REVIEWS:** [ ] Head of Archaeology Name: Date: Comments: Conditions: [ ] Conservator Name: Date: CATAGORY OF TEST/TREAMENT Non-invasive/non-destructive- no sampling: Invasive investigations- sampling: Imaging and surface analysis Non-destructive Point analysis Para-destructive □ Destructive other Comments/Conditions:

## **Definitions:**

Non-invasive, non-destructive investigations (no sampling required):

- Imaging and surface mapping techniques: providing topographic information on areas of the artifact.
- Point analysis: explores a tiny area on the surface of an artifact.

## Invasive investigations (sampling required):

A sample is removed through mechanical means (e.g. cutting, scraping, drilling, etc.) with minimal damage to the object. Samples remaining after testing must be returned to the MHS with the proper documentation.

- Non-destructive: carried out directly on an un-mounted sample without altering it.
- Para-destructive: carried out on a prepared sample (e.g. mounted as a cross-section or thin section showing mineral or other structures). Preparation procedures may induce physical and chemical alterations and prohibit the recovery of the sample in its original form; however, the same sample may be used for other analytical procedures, such as:
  - o Imaging and surface mapping: providing topographic information on an area of the prepared sample (cross section)
  - o Non-invasive point analysis: explores a point-like surface of the prepared sample.
- Destructive: completely consumes the sample analyzed (e.g. C<sup>14</sup> and other isotopic analyses).