



UNIVERSITY  
OF MANITOBA

**HISTOLOGY LABORATORY**  
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UNIVERSITY OF MANITOBA  
745 BANNATYNE AVENUE  
WINNIPEG, MANITOBA  
R3E 0J9

## WORK REQUEST FORM

<b>REFERENCE NUMBER:</b>	
<b>CONTACT INFORMATION</b>	
NAME:	PI:
LAB:	
ADDRESS:	
DEPARTMENT:	
E-MAIL:	
PHONE:	FAX:
<b>BILLING INFORMATION:</b>	
NAME:	PI:
LAB:	
ADDRESS:	
E-MAIL:	
PHONE:	FAX:
FOAP:	:
OTHER:	
<b>DATE RECEIVED:</b>	
<b>RECEIVING TECHNICIAN:</b>	
<b>SAMPLE DESCRIPTION</b>	
<b>SPECIFIC REQUEST</b>	
PARAFFIN <input type="checkbox"/> TEM <input type="checkbox"/> CRYO <input type="checkbox"/> MICROSCOPY <input type="checkbox"/> OTHER <input type="checkbox"/>	
<b>SAMPLE HANDLING</b>	
STORAGE CONDITIONS:	
BIOHAZARD RISK:	
HEALTH RISK:	
<b>DATE COMPLETED:</b>	
<b>DATE RETURNED:</b>	
<b>SIGNATURE OF DELIVERY:</b>	