HISTOLOGY LABORATORY
ROOM 117 - PHONE 789-3508
UNIVERSITY OF MANITOBA
745 BANNATYNE AVENUE
WINNIPEG, MANITOBA
R3E 0J9

SAMPLE SUBMISSION FORM

REFERENCE NUMBER:	

CONTACT INFORMATION:

NAME: _____ PI: _____

LAB: _____

ADDRESS: _____

_____

DEPARTMENT: _____

E-MAIL: _____

PHONE: _____ FAX: _____

CASSETTE/BLOCK IDENTIFICATION	TISSUE/CELL TYPE	OTHER

Cassette/Block Identification	Tissue/Cell Type	Other