



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

WORK REQUEST FORM

REFERENCE NUMBER:	
CONTACT INFORMATION	
NAME:	_____
LAB:	_____
ADDRESS:	_____

DEPARTMENT:	_____
E-MAIL:	_____
PHONE:	_____ FAX: _____
BILLING INFORMATION:	
PI:	_____
E-MAIL:	_____ PHONE: _____
OFFICE ADMIN:	_____
E-MAIL:	_____ PHONE: _____
	FOAP: _____ : _____ : _____
OTHER:	_____
DATE RECEIVED:	RECEIVING TECHNICIAN:
SAMPLE DESCRIPTION	
SPECIFIC REQUEST	
PARAFFIN <input type="checkbox"/>	TEM <input type="checkbox"/>
CRYO <input type="checkbox"/>	MICROSCOPY <input type="checkbox"/>
OTHER <input type="checkbox"/>	
SAMPLE HANDLING	
STORAGE CONDITIONS:	_____
BIOHAZARD RISK:	_____
HEALTH RISK:	_____
REVIEWED BY:	DATE:
COMMENTS:	

DATE COMPLETED:	
DATE RETURNED:	
SIGNATURE OF DELIVERY:	