University of Manitoba | Rady Faculty of Health Sciences

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 ☐ TEM ☐ CRYO ☐ MICROSCOPY ☐ OTHER ☐

Sample Handling

Storage Conditions: ______________________
Biohazard Risk: ______________________
Health Risk:

REVIEWED BY: DATE:

COMMENTS:

DATE COMPLETED:

DATE RETURNED:

SIGNATURE OF DELIVERY: