



OMNI HISTOLOGY UNIT WORK REQUEST FORM

CONTACT INFORMATION

DATE..... NAME.....

PHONE..... EMAIL.....

PI NAME & EMAIL

DEPARTMENT ACCOUNT CODE.....

WORK REQUEST DETAILS

No. SPECIMENS: TISSUE TYPE:

No. BLOCKS:

FIXATION REQUIRED?
(please tick)
YES NO

DECALCIFICATION REQUIRED?
(please tick)
YES NO

PROCESS REQUIRED
(please tick)
WAX RESIN FROZEN

SPECIFIC ORIENTATION?
YES NO
if yes please give details

CUTTING THICKNESS

No. SECTIONS PER SLIDE

No. SLIDES PER BLOCK

SERIAL SECTIONS?
YES NO

STAINING?
YES NO
if yes please give details

IMMUNOHISTOCHEMISTRY
YES NO
if yes please give details

DATE TO BE COMPLETED Any other information?

ISO15189

OFFICE ONLY

HSU No Lab notes

Client to sign and date when work collected.....

OMNI HISTOLOGY

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