**RESEARCH HISTOLOGY REQUEST FORM**

**Research Identification Number:**

Date of Request: Requested By:

Job Code: PI:

Department & Address:

Contact tel. no. / email address:

Initials required on block (if processing required):

Please make sure that you have the required Licence (MFAA), Ethical approval or Genetic Manipulation approval to undertake this work.

Please give instructions for request below, including any sample codes which will be transferred to be paraffin block.

There MUST be legible and **No more than** **11** characters.

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| Sample code Request | |
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Charging

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| Block processed |  | Special stain Tol. Blue |  |
| H&E cut and stain |  | Special stains Von Kossa/ Massons |  |
| Immunohistochemistry sections |  | Immunohistochemistry |  |
| PCR section/ tubes cut |  |  |  |