



Histology Laboratory Request Form

Department of Anatomy & Medical Imaging - Faculty of Medical and Health Sciences

Submission of Samples 2:00 PM latest (Monday – Friday)

*** Indicates required fields**

Submission Date: _____ Urgency/Required By: _____

1. Contact Information

- *Principal Investigator: _____
- Email: _____
- *Institute/Department: _____
- Sample Collection Contact: _____

Name: _____ Phone(optional): _____

2. Funding

- * UOA Project Number: _____ *Expiry Date: _____

3. Service Classification & Declaration

*Please select one:

Quality Control (QC): Limited processing strictly for sample validation.

Routine Research: Standard processing for data collection/analysis

*Research sample owner (PI): _____

4. Processing & Histology Requirements

- **Paraffin Embedding:** Number of samples: _____ Tissue Type: _____
- **Fixative Used:** _____



- **Decalcification (Bone):** Number of samples: _____ Type of Decalcifying agent: _____

5. Microtomy & Staining

- **Number of Blocks to cut:** Paraffin: _____ Frozen: _____
- **Slides per block:** _____ **Sections per slide:** _____ **Thickness (µm):** _____
- **Staining:** [] H&E, Number of slides _____
[] Special Stain(s), Number of slides _____

- **Immunohistochemistry (IHC):** * Preferred protocol? **YES / NO**

* If YES, please attach protocol including reagent/method recipes.

6. Equipment Usage & Training

* Equipment access is strictly limited to the declared service type (QC vs. Research)

- **Equipment Needed:** [] Cryostat [] Microtome
- **Estimated Time:** _____ **Preferred Date/Slot:** _____
- **Training Required?** Microtome: **Y / N** | Cryostat: **Y / N** | Staining: **Y / N**
- **Preferred Training Date:** _____

7. Quote Required before starting? [] YES [] NO

8. Additional Comments:

9. ***Declaration** I confirm that all information provided is accurate and samples comply with lab policy and requirements.

Name: _____ **Signature:** _____ **Date:** _____



Waipapa
Taumata Rau
**University
of Auckland**

For Office Use Only:

Date Received: _____ Date Completed: _____ Inv/JNL #: _____