


ANATOMICAL PATHOLOGY RESEARCH WORK REQUEST

FOR-ANAT-010
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Page 1 of 1

Prepared by: A. McDonald
Approved by: T. Leong

RESEARCH, APR APR32803  APR32803	Ext ID(Researcher Name):	(Lab use) ATTACH LAB NUMBER
	Email:	
	Phone:	

If the project requires the use of human or animal tissue has approval been granted for the use of this tissue by the relevant Austin Health Ethics Committee.

YES / NO / Not Applicable

Ethics Committee number: _____

DETAILS

SERVICE/ITEM	QUANTITY	PRICE	INSTRUCTIONS	TOTAL
Administration Fee	1	\$28		\$28
Archive Retrieval		\$10		
Grossing		\$6		
Processing and Embedding		\$6		
Cut sections		\$3		
H&E		\$3		
Special stains		\$20		
IHC		\$45		
Complex IHC		\$85		
Other (specify)		TBA		

Bill to:
Institution
Account code (if ONJCRI)
Address

Email your research work request to DLPathologyResearch@austin.org.au. Once you receive an email confirmation and a reference number, label any blocks for processing with the last 3 digits of the reference number (on side of block) and bring your specimens to the department of Anatomical Pathology HSB Level 6.