

From the President



So far so good this year. To date we have had a very successful Scientific Meeting at S&N Pathology and a well attended winery tour to Mt Tamborine. With the success of the wine tour the committee is eager to incorporate more social events in to our annual program. Suggestions from all members are always welcome.

To look forward to we have the Scientific Meeting at the PAH and the AGM/Christmas party still to come. Due to circumstances the proposed meeting at PAH in August has been postponed until October. The date will be confirmed in the near future. The AGM/Christmas is to be organised by QML this year and the venue and date are yet to be confirmed.

The committee has been working very hard towards the State Conference for next year and I can confirm the dates as 4-6th May 2012 and the venue will be the Sofitel Hotel at Broadbeach. A few of the committee made the trip to Broadbeach to inspect a number of venues and they felt that the facilities and intimate nature of the Sofitel best suited our requirements for a State conference. There are already some confirmed speakers for the conference and the committee has a number of other possible speakers penciled in. If you are interested in presenting please come forward to the committee even if you have never presented before you would get great support from the group. The committee's aim is to have a large part of the program completed before the end of the year so stay tuned.

I hope to see you in October at the PAH – **Tony Reilly**

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Newsletter Correspondence

Anthony van Zwieten

Anatomical Pathology, Northside Pathology

Level 2 Clinical Sciences Building, The Prince Charles Hospital

Rode Road, Chermside 4032

anthony_van_zwieten@health.qld.gov.au (07) 3139-4379

Guidelines to Contributors

Please forward submissions in Microsoft Word or compatible program either via email and/or CD & DVD. For any attached photos, please also include these in a separate file. Include your name and address if required. Submissions can be in the form of a brief note, letter or as a complete article.

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Secretarial Report



It has been an eventful and productive year so far for the Histotechnology Group of Queensland.

The first social event of 2011 was a winery tour of Mt Tamborine in the Gold Coast Hinterland. 26 HGQ members and their guests visited the following venues - Heritage Wines; Cedar Creek Estate Winery; Queensland Wine Centre; Mt Tamborine Winery

& Mt Tamborine Brewery. Due to the enormous success of the day, it will now be an annual event. Next year's social calendar will include another winery tour & also a trivia night.

The first scientific meeting for the year was held at Sullivan Nicolaides Pathology's Taringa Laboratory on Wed 11th May. The guest speakers were Ted Ditchmen (Topic: Roche Ventana Vantage System) & Don Famorca (Topic: The Role of the Pathologists' Assistant in the Surgical Pathology Room). Thank you to the speakers and the 40 people that attended the meeting. The lab tour and topics discussed were intriguing & informative, in turn, gave an insight to the working life at the Taringa laboratory. The next scientific meeting, hosted by the Princess Alexandra Hospital laboratory, is scheduled for Thu 6th Oct with the AGM to follow on Fri 2nd December.

A few conferences are on the horizon, starting with the 2011 National Histotechnology Conference on Fri 4th – 6th November. This event will be held at the Rosehill Gardens Event Centre at Rosehill, NSW and will be hosted by the Histotechnology Group of NSW. For more information, go to <http://www.histonsw.org.au>.

Mid next year, the 2012 State Histotechnology Conference will be on Fri 4th – 6th May. The HGQ will host this conference at the Sofitel at Broadbeach, QLD. Registration, Accommodation & Program details will be released shortly. For updates and more information, go to <http://www.hgq.org.au>

It's with great pleasure to let members know that the group will be providing sponsorship (a plaque and \$250 cheque) for an academic award at QUT – Faculty of Science & Technology – Medical Sciences. This award will be given to the student that has achieved the highest result in the practical component in Histology. Thanks to Helen O'Connor for her work so far with organising this award.

The official HGQ website has accepted additional memberships and developed significantly since the last edition of the "Tissue Paper". With the final upgrade phase almost at completion, shortly it will be able to take on management of the 2012 State Conference including secure online registration payments.

Just a reminder, that as of the start of 2011, membership changed to cover the calendar year: 1st January – 31st December. This coverage will now continue for future years. Membership fees are as follows - Full: \$25; Student: \$10. Being a financial member includes "Tissue Paper" subscriptions; website access; social event and state conference registration discounts; eligibility to vote; beverages & dinner covered at AGM. Renewals and new memberships can be completed online. Please see the official HGQ website for more details.

I'd like to take this opportunity to thank you for reading the "Tissue Paper".

Hope to see you all at the next scientific meeting & national histotechnology conference.

Enjoy!! - **Jerres Alcober**

Editor's Note

Everyone is excited about the upcoming 5th National Histotechnology Conference in Sydney in November (see attached flyer). It will be good to see many HGQ faces down there, with a view to the 2012 State Conference at sunny Broadbeach.

As the editor I have found that the biggest hurdle is achieving an "even spread" of contributors with varying histology backgrounds. I am always on the lookout for articles, anything to do with histology and/or science in general.

Thanks also to the contributors to this edition. The articles are appreciated. The increasing number of suppliers these days willing to advertise in this newsletter shows that competition for our business is stronger than ever with any histology-related product on offer.

Thanks to Andre for your assistance with this edition, unfortunately he will be unable to continue as the role of co-editor. If anyone is interested in this role please let me know - **Anthony van Zwieten**



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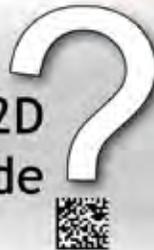
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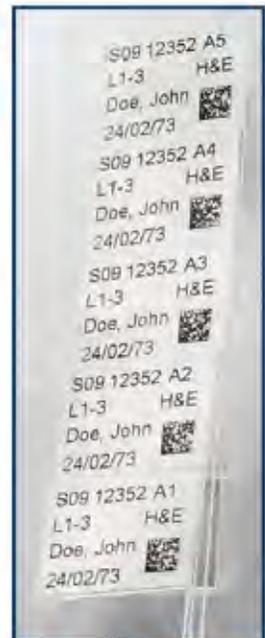
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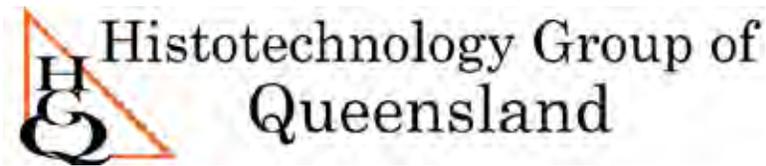
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In 2005, two monkey carcasses (common marmoset, *Callithrix jacchus*) were submitted to the Biosecurity Sciences Laboratory for disease investigation over a period of two months. The two were from a group of seven originated from the Fertility Research Institute Foundation and were in a zoo north of Brisbane.



Common Marmoset (*Callithrix jacchus*)

Clinical History

Acute illness followed by deaths in 24 hours with no previous disease history and animals apparently in good body condition. Both animals became gravely ill, lethargic and did not respond to antibiotic and fluid therapy.

Post-mortem Findings:

Case #1:

The carcass was of an obese male animal which was mildly-moderately dehydrated and moderately autolysed. On internal examination, disseminated small pale foci throughout the fatty-looking liver were

detected. Some of these were externally-discharging. Evidences of mild diarrhoea were present. All other organs were congested.

Case #2:

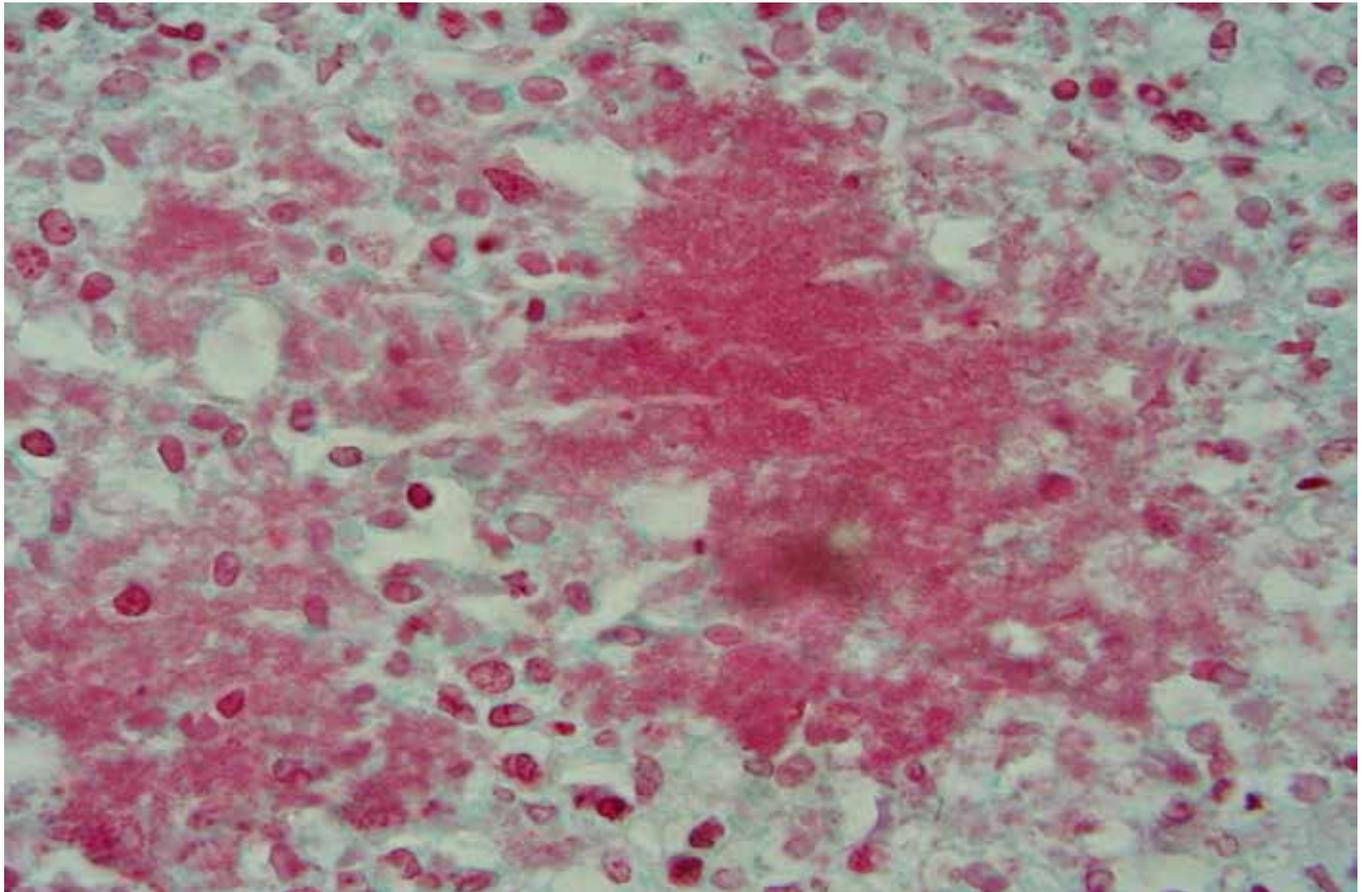
Advanced post-mortem autolysis, on internal examination, multifocal hepatic and splenic necrosis/ abscessation were detected.

Histological Findings

Case #1:

The grossly-detectable pale foci in the liver featured focal necrosis (necrotising fibrinopurulent hepatitis) with intra-lesional, small Gram negative rods in abundance. Similar but fewer lesions were also present in the spleen. Other findings include focal myocardial steatosis, gastric erosions, mild enteritis, pulmonary oedema and haemorrhage and multisystemic intravascular thrombosis. Based on these findings the diagnosis was bacterial infection caused by Enterobacteraceae probably a *Yersinia* sp.

Image below: Gram stain showing Gram-negative bacteria from Liver of Case #1



Case #2:

Organ autolysis was advanced and disseminated necrotising hepatitis and splenitis with intra-lesional Gram negative rods similar to but more severe than case #1 were detected.

Bacteriology

Yersinia enterocolitica was isolated from liver, spleen and intestinal swabs from animal #2. No culture was attempted in case #1.

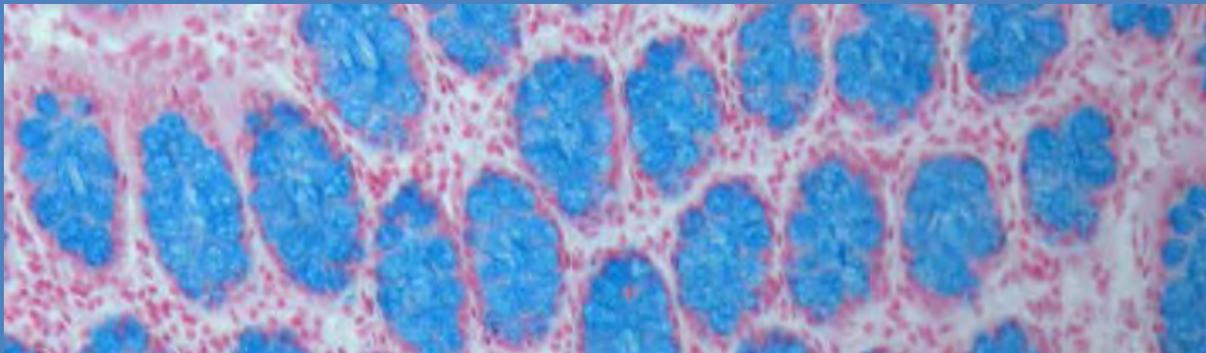
About the bacteria (*Yersinia enterocolitica*): there are five biotypes and fifty serotypes (ten of which are pathogenic). It is a facultative, intracellular organism which interferes with normal functioning of neutrophils by antiphagocytic protein production. Pigs are the natural reservoir and many avian species may act as amplifiers or mechanical transmitters.

Yersiniosis is a zoonotic disease. In humans *Y. enterocolitica* causes a faecal-orally transmitted ileitis and mesenteric lymphadenitis which may lead to significant post-infectious autoimmune sequelae including arthritis and glomerulonephritis.

Do you have any feedback about this newsletter?

Your feedback is welcomed

Hope to see everyone at the next scientific meeting



Date: October 6th 2011

Hosting Laboratory: PAH

Check out hgq.org.au for more details



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Histology: Going to the Dogs? André Heiser - MyLab Pathology

Man's best friend has been used for a number of purposes over the years. Bomb-detection, seeing for the blind, killing rats, decorating celebrity hand bags and many others. In recent years, other uses have emerged—cancer diagnosis. It seems that dogs can be trained to sniff out cancers in patients and specimens. While it is unlikely that dogs will be in histology laboratories sniffing specimens any time soon, they may be useful in designing new assays for cancer screening.

It all began in 1989 when *The Lancet* published a letter explaining how a woman's skin cancer was detected by her Border-Collie x Doberman. It seems the dog would incessantly sniff a particular mole on her leg and at one point, tried to bite it off. Prompted by the dog, the owner had the lesion removed. Histology revealed a malignant melanoma (Breslow thickness: 1.86mm). To say that the dog saved her life is only a small exaggeration—although one would expect nothing less of a Border-Collie.



In 2001, *The Lancet* published a similar letter, this time featuring a Labrador named Parker. Parker took an unusual interest in a lesion that had been growing for 18 years. It was initially thought to have been eczema and treated with steroids and anti-fungals. The lesion was eventually excised and diagnosed as a basal cell carcinoma. Inspired by such Lassie-Saves-Timmy-From-A-Well examples, others have begun deliberately training sniffer dogs to detect carcinomas.

Integrated Cancer Therapies published the results of training five dogs to detect lung and breast cancer by scent. The interesting thing about this study is that the dogs were selected only for basic obedience and interest in sniffing. By most yardsticks, they were ordinary pet dogs which had been trained to detect cancers.

Three Labradors and two non-presidential Portuguese Water Dogs were chosen from local dog owners and the local guide dogs (because they would do better in blind trials). They were trained with basic clicker training—correct responses were indicated by clicking a clicker which had been previously primed with a reward association. The dogs took 2 – 3 weeks to learn to sit if they detected a positive scent.

Patients with a recent diagnosis of lung or breast cancer but had yet to undergo chemotherapy breathed into a tube for the dogs to sniff. In the double blind trials, the results were as follows:

	Control	Test	Total	Sensitivity	Specificity	
Lung Cancer:		712	574	1286	0.99	0.99
Breast Cancer:		56	20	76	0.88	0.98

There was no significant difference between the dogs' performance.

The clicker training techniques used in the above study have also been used to train a Belgian Malinois Shepherd to perform a less-enviable task of sniffing urine to find prostate cancer. The dog was thought to be detecting volatile organic compounds (VOCs) which were related to cancer. The results were less spectacular (Inspector Rex could do much better) than in the above study but still had 91% specificity and sensitivity. Similar trials to detect bladder cancer markers in urine were less successful (41% success rate).

A trial to detect bowel cancer had to be aborted because the dogs kept rolling in the specimens (they were shitzus).

The main conclusion of these and other studies focused on using the VOCs as cancer biomarkers for early detection and less on using a smarter dog. A dogs' sense of smell would be useful as a research tool to identify the biomarkers. This research would then be used to create a simpler and cheaper assay to be used for diagnosis.

A similar, if more sombre story is that of Oscar, a therapy cat at the Steere House Nursing and Rehabilitation Center in Providence, Rhode Island. Oscar was described in the *New England Journal of Medicine* as having an "uncanny ability to predict when residents are about to die" and he has presided over 25 deaths. Oscar's presence at a patient's bedside is seen by the doctors and nurses as a reliable indicator and staff use him as a cue to notify family members of a coming death. To my knowledge, the evidence is anecdotal and no scientific trials of Oscar's prescience (or toxicity) have been performed. Many theories have been forwarded but, at this point, the source of Oscar's talents is a mystery. The most likely explanation is that he can perform CAT-scans.

It seems that dogs are not about to replace histologists when diagnosing cancers but they might be useful in the creation of screening assays. It is clear that they can detect cancers when trained (and sometimes even when untrained) but current opinion is that they would be best used to identify new ways to detect cancer rather than diagnose it directly.

While it would be useful to have a Lab in the lab, I can't help but think that it could be used further—anaemia could be detected by Bloodhounds and kittens could perform CAT-scans. Personally, I think all laboratories would benefit from a Smooth-Coat Retriever crossed with a Labrador-Retriever to create the Lab-Coat Retriever.

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Histotechnology Group of Queensland

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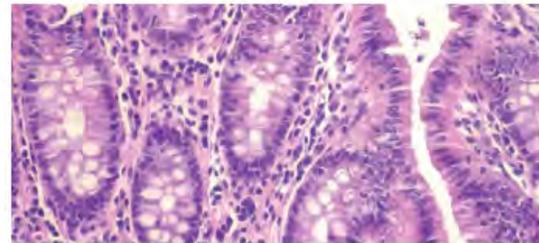
Source: Fast Flex Validation Study: Comparison of Two Tissue Processors

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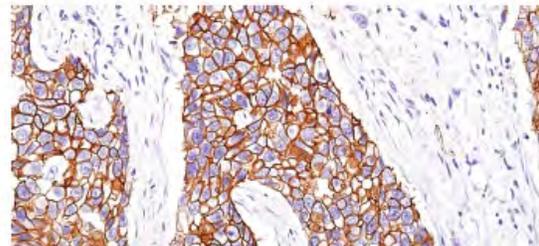


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FIFTH NATIONAL HISTOTECHNOLOGY MEETING
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Hosted by



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31 March 2011

Dear Member,

The Histotechnology Group of NSW invites you to attend the next National Conference which is to be held at Rosehill Gardens, Sydney, 4-6 November 2011. Rosehill Gardens is one of Sydney's premier horse racing centres. This weekend is an excellent opportunity to meet your fellow Histotechs from around Australia and from further afield. We are expecting over 300 delegates.

There will be two **Gross Dissection** workshops on Friday 4 November run by Anne Prins and Penny Whippy at nearby Granville TAFE. Numbers for the Gross Dissection workshops will be limited. There will be two separate on site workshops - **Histo Hypotheticals (morning)**: an interactive workshop which will present problems that affect the quality of our results and participants will be encouraged to advise suitable courses of action; and **Histochemistry (afternoon)**: a 'wet' workshop exploring alternative staining procedures (Microwave technology, detergent de-waxing.....). The workshops will be lead by Tony Henwood and Linda Prasad from The Children's Hospital at Westmead. These will be held once only, so that if you want to attend a cut up workshop, you will need to choose which of these you would like to attend.

The preliminary program for Saturday and Sunday includes an international speaker as well as a speaker from the Brain and Mind Research Institute and speakers on Lymphomas, Haematoxylin, Molecular Pathology, Moh's surgery, Skin Cancer, Case studies in bone tumours, Breast pathology, Colorectal pathology.

There will be a significant trade display with a large number of companies being represented and prizes for posters and abstracts.

Also a gala dinner has been arranged for Saturday night at Rosehill Gardens costing \$74. You might like to dress for the occasion: 'Horses for Courses' is our theme, just a few days after the Melbourne Cup. There will be a prize for the best race call.

Histotechnology Group of NSW
National Histology Conference 2011

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Saturday night dinner: delegate <input type="checkbox"/>	\$.....
guest/s <input type="checkbox"/>	\$.....

Payment method:		
cheque to Histotechnology Group NSW (National Conference)	<input type="checkbox"/>	\$
internet banking	<input type="checkbox"/>	\$
(your name, reference no. invoice no.)		
Submission of abstract:		
<input type="checkbox"/>		
Submission of poster:		
<input type="checkbox"/>		
TOTAL		\$.....

NATIONAL MEETING
ROSEHILL 4-6 NOVEMBER 2011
DRAFT PROGRAM

Friday 4th November

TIME	TITLE	SPEAKER
9.00-10.30	Cut up workshop (1a)	Anne Prins, Penny Whippy
10.30-10.45	Morning tea	
10.45-12.30	Cut up workshop (1b)	Anne Prins, Penny Whippy
12.30-1.30	Lunch	
1.30-3.00	Cut up workshop (2a)	Anne Prins, Penny Whippy
3.00-3.15	Afternoon tea	
3.15-4.45	Cut up workshop (2b)	Anne Prins, Penny Whippy
9.00-10.30	Special stains (a)	Tony Henwood
10.30-10.45	Morning tea	
10.45-12.30	Special stains (b)	Tony Henwood
12.30-1.30	Lunch	
1.30-3.00	Problem solving (a)	Tony Henwood
3.00-3.15	Afternoon tea	
3.15-4.45	Problem solving (b)	Tony Henwood

Saturday 5th November

TIME	TITLE	SPEAKER
8.00-8.45	Registration	
8.45-9.00	Opening	
9.00-9.45	TBA	International speaker TBA
9.45-10.30	Lymphomas	Dr Ivan Burchett
10.30-11.00	Morning tea	
11.00-11.45	BCCs	Dr Geoffrey O'Brien
11.45-12.30	Special stains and staining mechanisms	Mr Colin Gordon
12.30-1.30	Lunch	
1.30-2.15	Bone pathology Case studies	Discussion panel: Clinician, Radiologist, Pathologist
2.15-3.00	Bone pathology Case studies	Discussion panel: Clinician, Radiologist, pathologist
3.00-3.30	Afternoon tea	
3.30-4.15	Molecular pathology	Dr Susan Branford
4.15-5.00	Brain pathology	Brain and Mind Research Institute
6.00-7.00	Happy hour	
7.00-	Dinner	

Sunday 6th November

TIME	TITLE	SPEAKER
8.30-9.00	Registration	
9.00-9.45	Haematoxylin	Mr Mike Rentsch
9.45-10.30	Moh's Surgery	Dr William Ryman
10.30-11.00	Morning tea	
11.45-12.30	TBA	International speaker
12.30-1.15	Electron Microscopy	Dr Murray Killingsworth
1.15- 1.30	Close	
1.30	Lunch	

The HGQ supports our NSW colleagues and we will prove that with having a strong representation at this 5th National Meeting.

The HGQ committee hopes to see you all in Sydney.



Demand Patient Safety

Cognitive Cxi Label Printer and Leica Universal Label

Securely identify patient tissue with high-quality labels and super-sharp printing. The combination of Leica Microsystems' Universal Label and the compact Cognitive Cxi label printer provides the ultimate solution for on-demand printing of patient identification labels. With the ability to produce permanent labels at any workstation, the Leica Universal Label/Cxi combination is the definitive answer for anyone demanding traceability and uncompromised specimen safety.

Living up to Life



Ensure Specimen Traceability

Securely track each specimen. A mislabeled container or slide can lead to misdiagnosis and mistreatment. By creating permanent labels with high-quality barcodes, the Leica Universal Label and Cxi printer help track each sample that belongs to every patient.

- **Securely link patients to samples**
Leica Universal Labels resist histology chemicals and processes to create a near-permanent sample identifier.
- **Reduce identification errors**
The Cognitive Cxi provides exceptionally sharp printing to enhance readability and minimize errors.
- **Stay organized**
Cxi printers sit at each workstation and print Universal Labels on-demand to reduce misidentification.



Manage Your Workload

With a standard label and a small, fast printer at each workstation your workflow can be continuous. The Leica Universal Label and Cxi printer help streamline your workflow to reduce turnaround times and deliver better patient care.

- **Eliminate non-productive work**
Connect the Cxi printer to your PC, LIS or sample tracking system and stop transcribing data and handwriting labels.
The Leica Universal Label is optimized for use with the Leica CV5030 and, when used together, will meet your automated coverslipping needs.
- **You only need one label**
The Leica Universal Label is suitable for most labeling applications including containers, request forms and slides for routine, special and IHC/ISH staining.
- **Don't wait**
Rapid, on-demand printing and easy-tear perforated labels mean labeled containers and slides are ready when you are.

Cognitive Cxi Specifications

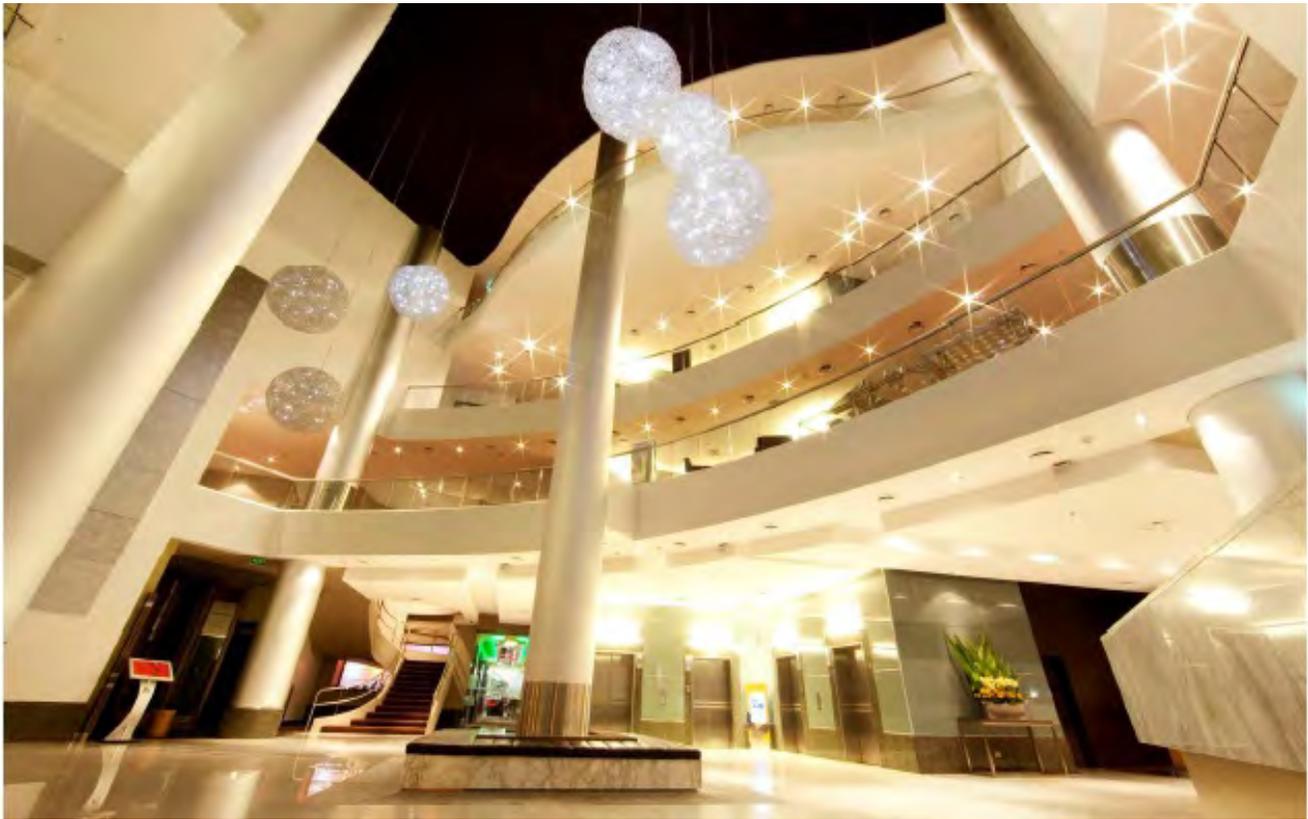
Printing technology	Direct thermal and thermal transfer
Resolution	300 dpi
Print speed (ips = inch per sec.)	8
Height	181 mm (7.1")
Width	127 mm (5")
Depth	255 mm (10.04")
Weight	2.38 kg (5.25 lbs)
User interface	LCD menu control
Connection	Ethernet 10/100 Base-T Serial Parallel USB 2.0
Software	Firmware optimized for compatibility with Leica Universal Label
Language emulation	EcPL, ZcPL, TPCL5
Power supply	Auto-detectable 90–264 VAC, 24 VDC 150 W power supply
Operating temperature range	5 °C to 40 °C (41 °F to 104 °F)

Technical specification subject to change.

www.leica-microsystems.com

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Leica
MICROSYSTEMS



SOFITEL
LUXURY HOTELS



2012 State Histotechnology Conference

Program, Registration and Accommodation details to be posted shortly

Current 2011 & 2012 financial members will receive discount on registration to this event

Please save this date for next year as it is set to be a event "Not-To-Be-Missed" on the 2012 Calendar

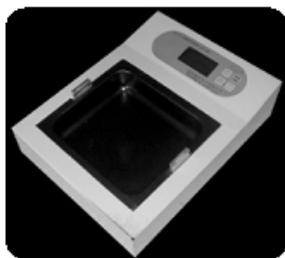
Check out www.hgq.org.au for more information, updates and membership

Friday 4th – Sunday 6th May 2012

Sofitel Broadbeach – 81 Surf Parade, Broadbeach QLD 4218

 Histotechnology Group of
Queensland

www.hgq.org.au admin@hgq.org.au



Paraffin section water bath

Features

- Black Teflon-coated aluminium water bath for best section visibility (180 x 200 x 50mm, 2mm thick)
- Simple, interactive operation
- Microprocessor-controlled
- Large LCD display
- Light, unbreakable aluminium bath
- Memory function

UM-WB Paraffin section mounting bath

Specifications

Temperature range: ambient - 99°C
 Dimensions of flotation bath: 240 x 240 x 60mm
 Bath material: aluminium
 Voltage: 230V/50Hz
 Power: 500W maximum

Tissue flotation workstation

This histology tissue flotation bath & slide dryer is an innovative and effective workstation for floating/flattening tissue sections, coverslipping/mounting of sections and rapid drying of slides.

Features

- Operator-instrument interaction is simple through use of an LED screen
- Programmable timing for slide drying – could operate at night
- Black Teflon-coated aluminium water bath for best section visibility (180 x 200 x 50mm, 2mm thick)
- Slide drying rack is convection heated
- Heated glove box
- Three separate heaters and controls

Specifications

Water bath temperature range: ambient to 90°C
 Slide drying cabinet temperature range: ambient to 105°C
 Glove box temperature range: ambient to 99°C Temperature settings in 1°C increments
 Slide drying timer range: 1 to 199 minutes
 Slide drying capacity: 120 slides
 Voltage: 230V, 50Hz
 Dimensions: 520 x 385 x 125mm (170mm control panel)

UM-FW Tissue flotation workstation



ProSciTech Microscopy & Science Products

PO Box 111, Thuringowa Qld 4817

pst@proscitech.com
 www.proscitech.com

(07) 4773 9444

(07) 4773 2244

EMS Vibrating microtome

The EMS 5000mz is a very competitively priced high precision unit with a z-axis deflection of only 1-2 microns and a blade advance controllable to 10 microns/sec. The EMS 7000smz unit has a sub-micron z-axis deflection and a blade advance controllable to 10 microns/second. On both units the section thickness step size is 0.001mm, and each vibrating microtome is supplied with its own z-axis calibration verifier. All types of sectioning are possible, including sectioning for visual patching of neurological tissue, heart, and lung.

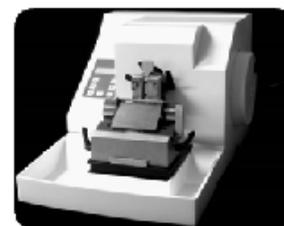


EMS 5000 series oscillating tissue slicer

The EMS 4500 and 5000 Oscillating Tissue Slicers represent the most thoughtfully designed solution to sectioning either fixed or fresh tissue, as thin as 5 microns. No longer is there a need for embedding or freezing your sample, and preparation time is reduced dramatically. The risk of distortion and artefacts normally associated with these procedures is eliminated. The EMS 4500 and 5000 meet the highest standards for precision and accuracy as well as meeting or exceeding the performance of units on the market costing twice as much.

UYD-335 Automated microtome

This CPU controlled microtome is an adaptation of the proven design of a manual microtome. Its reliable mechanism has been motorised and is microprocessor controlled, offering the operator ultimate versatility and convenience.



Features

- Advanced actuation system results in more precise sectioning and quiet operation
- LCD display shows section and trim thickness as well as a section counter
- A retraction mechanism during the arm's upstroke avoids collection of debris, damage to section and prolongs the useful life of blades
- For safety the hand wheel may be locked in any position
- Wastebath containing debris is easily dismantled and cleaned
- Microtome has a safety alarm

Specifications

Section range: 1-100µm
 Sample retraction: 6µm
 Maximum block face size: 50 x 45mm
 Slip precision: ± 10%G

Horizontal displacement of the specimen: 28mm
 Vertical movement of specimen arm: 58mm
 Minimum sectioning increment: 1.0µm
 A disposable blade holder is supplied.

Also see unrelated, but great read: sequesteredbooks.com ☺

ProSciTech

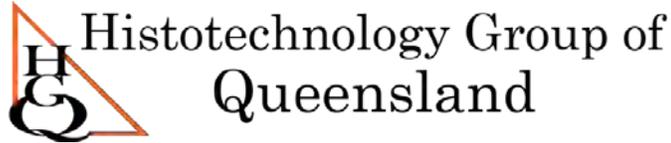
Microscopy & Science Products

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(07) 4773 9444

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Membership Application Form

To complete membership online go to: <http://www.hgg.org.au>

Please indicate by :

New Membership Renewal of Membership Change of Details

Name: _____

Employer: _____

Mailing Address: (Work Address Preferred)

Email: _____

Phone: _____ Fax: _____

Class of Membership:

- Full - \$25 per year
- Student (Full-Time Only) - \$10 per year with proof required

For New Members Only: New members must be proposed and seconded by current financial members. Should you not know of any members, the executive committee can purpose and second a new member's application.

Proposed by: _____ Signature: _____

Seconded by: _____ Signature: _____

Applicant's signature: _____ Date: _____

Please return completed form via (options below):

Postal Address: Jerres Alcober
Anatomical Pathology Department,
Pathology Queensland
The Prince Charles Hospital
Level 2 – Clinical Sciences Building
Rode Road, CHERMSIDE, QLD 4032

Email Address: admin@hgg.org.au
Fax number: (07) 3139 4546

Please make all payments via (options below):

Direct Deposit: Acc name: Histotechnology Group of
Queensland Incorporated
BSB: 084009
Acc number: 198048439
Cheque: Make payable to Histotechnology Group of
Queensland Incorporated
Paypal: <http://www.hgg.org.au> - "Membership" tab
Cash: In person - Stephen Riley/Jerres Alcober