

For Non-HKU Users Only

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Request for a Core Facility Service for Digitalization of Microscopic Slides

Name of Supervisor:		Technician:		
Department/Compa	any:			
Contact Number:				
Date of Submission	n:			
Nature of Service:	20X Scanning	No of slides submitted*	40X Scanning	No of slides submitted*
	☐ Slide Mode ☐ TMA Mode		☐ Slide Mode ☐ TMA Mode	
Payment [#] (Cross C	heque made payable	to "The University of Hong F	Kong"):	
Cheque Number: _		Bank Name:		
Fee Enclosed: _		Signature:		
For Official Use:				Ref No.:
Work commenced on		Work completed on		
Service to be char	ged:			
Nature of Service:	20X Scanning	No of slides	<u>Unit Cost</u>	Total Cost
	☐ Slide Mode		HK\$ 40.00	
	☐ TMA Mode		HK\$ 100.00	
	40X Scanning	No of slides	<u>Unit Cost</u>	Total Cost
	☐ Slide Mode		HK\$ 80.00	
	☐ TMA Mode		HK\$ 200.00	
Coming completion	n aanfinmatian		Grand Total:	HK\$
Service completion	и сошитиацоп:			
Name:Supervisor/	Service Technician	Signature:		Date:

For enquires and request of services, please contact:

^{*} The scanning slides should NOT contain any sensitive patients' information.

[#] A crossed cheque made payable to "The University of Hong Kong" must be submitted otherwise service will not proceed. The services cover only light microscopy, immunofluorescence service is not available.