Request	number		
IXCUUCSI	Humber		



Department of Pathology, HKU Request for Histopathology Service (Non-Pathology request)

Name of Supervisor:		_ Technician:		_
Department/Unit		_Request Date:		_
Contact Number:		_Email:		_
Service requested:				_
Material provided*:				_
Y N High Risk**	please specify (TB, HBV etc):			
Urgent*** (Turna	round time: 10 working day	ys upon receipt)		
Source of Funding # (Must o	complete)			
Grant Holder:		Signature:		
HKU A/C No.:				
				_
	aterial received:			
Work commenced on:	Wor	k completed on:		
Nature of Service		Unit Cost	Total Cost	
Tissue Processing x		HK\$65	<u> </u>	
	Sub x	HK\$41/ HK\$27	<u> </u>	
	Sub x	HK\$82/ HK\$65	<u> </u>	
HE staining x		HK\$34		
Y N Urgent Service (20%	surcharge)			
1 14 Organi Service (2070	surcharge)	Grand Total:		
Service completion confirmat	ion:			
Name:	Signature:		Date:	
Name: Supervisor/Tech	nnician			
Name: Service Techn	Signature:		Date:	

^{*} Tissue sample, paraffin/frozen block, antibody etc.

^{**} For frozen tissue only.

^{***} For Tissue processing, Sectioning and HE only; Addition of a 20% surcharge for urgent service and availability would be subject to internal discretion.

[#] Source of funding must be submitted otherwise service will not proceed.