



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

User name: _____ Institution: _____

Department: _____ Request Date: _____

Contact Number: _____ Email: _____

Service requested: _____

Material provided*: _____

Y **N** High Risk** *please specify (TB, HBV etc):* _____

Urgent*** (Turnaround time: 10 working days upon receipt)

(For internal use) Material received: _____

Work commenced on: _____ Work completed on: _____

Nature of Service	Unit Cost	Total Cost
Tissue Processing x	HK\$84	_____
Paraffin Sectioning 1 st x Sub x	HK\$53/ HK\$34	_____
Frozen Sectioning 1 st x Sub x	HK\$106/ HK\$84	_____
HE staining x	HK\$44	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N Urgent Service (20% surcharge)	_____	_____
Grand Total:		_____

Prepayment information:

_____ HKU Debit Note Number _____ Issue date _____ Payment received on _____

Service completion confirmation:

Name: _____ Signature: _____ Date: _____
Supervisor/Technician

Name: _____ Signature: _____ Date: _____
Service Technician

* 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.