



**HKU
Med**

School of Clinical Medicine
Department of Pathology
香港大學病理學系

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**	<i>please specify (TB, HBV etc):</i>
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☐ Urgent*** (Turnaround time: 10 working days upon receipt)

Source of Funding # (Must complete)

Grant Holder: _____ Signature: _____

HKU A/C No.:

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(For internal use) Material received:

Work commenced on: _____ Work completed on: _____

Nature of Service		Unit Cost	Total Cost
Tissue Processing x		HK\$75	
Paraffin Sectioning 1 st x	Sub x	HK\$45/ HK\$30	
Frozen Sectioning 1 st x	Sub x	HK\$92/ HK\$72	
HE staining x		HK\$38	
Y	N	Urgent Service (20% surcharge)	

Grand Total:

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.

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