

**Department of Paediatrics and Adolescent Medicine
The University of Hong Kong**

FACSAria Flow Cytometer Usage Form

Date of Operation: _____ PFDN: _____

Name of User: _____

Supervisor or Principal Investigator: _____

Department: _____

Institution: The University of Hong Kong or _____

Usage of FACSAria flow cytometer

Duration: from _____ (am / pm) to _____ (am / pm)

Total Operating Time: _____

Total Charge: HK\$ _____

(Rate per hour: HK\$430 for HKU users, HK\$970 for external users)

Signature of User

For enquiry, please contact Davy Lee (dcwlee@hku.hk) or 2819 9355