

## Laboratory Service Request Form (For Medical Lab)

To: Laboratory Facility Management Service Centre (SPX1)  
GM/F, Building 19W, 19 West Avenue,  
Hong Kong Science Park, Shatin, N.T.  
Tel: 2639 8827 Email: lfm\_spx1@hksciencepark.org

Please read the notes carefully before completing this form. All items should be complete in BLOCK LETTERS.

### Part A: (To be completed by Applicant)

Request application for:

<input type="checkbox"/> Purified Water	HK\$0.10 / sq. feet of lettable area
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Applicant name: \_\_\_\_\_

Contact person & no.: \_\_\_\_\_

Applicant's E-mail address: \_\_\_\_\_

Apply Location: \_\_\_\_\_

(Bldg., Floor, and Location)

Date of Request: \_\_\_\_\_

Request to apply from: \_\_\_\_\_ (Date & time)

Company's Chop &

Authorized signature: \_\_\_\_\_

Details of Chemicals will be discharged in the Lab. Drain (Inorganic only, spent acid – Not containing heavy metals, spent alkali – Not containing heavy metals):

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- Remarks:
1. Charging is on monthly basis and no refund for the earlier termination.
  2. LFMS will inspect the installation, and shall grant or refuse to grant approval to the applicant in writing within 14 working days from receipt of the application.
  3. Chemical discharge should meet the licensing requirements of EPD.
  4. Provision of laboratory service refers to appendix (Technical Gas and Liquid Information)

### Emergency Contact List

Name	Emergency Contact Number & Email

### Part B: For LFMS office use only

Accepted / Rejected:

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Comments:

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Handled by:

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Signature:

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Application received on:

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