IOWA STATE UNIVERSITY
Plant Sciences Institute

Genomic Technologies Facility
2035C Roy J. Carver Co-Laboratory
Iowa State University
Ames, Iowa 50011-3650
515 294-7209
FAX 515 294-5256

GENOMIC TECHNOLOGIES FACILITY: BioSprint 96 USER/BILLING AGREEMENT FOR CERTIFIED CAMPUS USERS

Please fill out completely, and email, fax or mail to:

Genomic Technologies Facility Manager
2025 Roy J. Carver Co-Laboratory
Center for Plant Genomics
Iowa State University
Ames, Iowa 50011-3650
515-294-5256 (fax)

Questions about the form may be directed to GTF staff at gtfstaff@iastate.edu or 515-294-7491 (phone). THIS USER AGREEMENT MUST BE RECEIVED BEFORE ANY BILLABLE SERVICES WILL BE PROVIDED.

Users of equipments and services are required to provide an account number to which the facility charges will be billed. Each user must provide the information below, and must obtain the approval (as indicated by signature) of his/her Principal Investigator. Bills will be sent out on a monthly basis and will include charges as follows:

- Technical assistance and consultation - $35.15/hour (rounded to the nearest ¼ hr.).
- Supplies + consumables (per 96 samples) - $149.15
- 1 hour of training required before new users use the instrument - $35.15/hour.

Users accept liability for abnormal equipment breakage. Users will be billed for chip usage. Reservation of the instrument can be made using the facility's online scheduler. The user name and password needed to do this are provided after submission the approval of a user agreement. Users are responsible for backing up data. Fees are dependent upon kit cost from manufacturer and are subject to change.

Please check and initial to acknowledge that you have read and agree to the following statements:

☐ I agree to the terms and conditions found at http://www.plantgenomics.iastate.edu/fees.php.

☐ I understand all presentations (manuscripts, posters, oral presentations, etc.) that use data generated in or by the GTF must acknowledge the contributions of the Genomic Technologies Facility at Iowa State University.

_____ Initials of User & _____ Initials of PI

IOWA STATE UNIVERSITY
Plant Sciences Institute

Genomic Technologies Facility
2035C Roy J. Carver Co-Laboratory
Iowa State University
Ames, Iowa 50011-3650
515 294-7209
FAX 515 294-5256

GENOMIC TECHNOLOGIES FACILITY: BioSprint 96 USER/BILLING AGREEMENT FOR CERTIFIED CAMPUS USERS

By signing below I indicate that I understand and agree to abide by the above billing procedures

Name of User _____

Position/Title _____

Dept./Program _____

Email Address _____

Phone _____

Signature _____ Date _____

Name of Principle Investigator _____

Dept./Program _____

Email Address _____

Phone _____

Billing Account No. _____

Billing Contact person:_____

Billing Address:_____

_____

_____

Signature _____ Date _____