GENOMIC TECHNOLOGIES FACILITY:
Bioanalyzer USER/BILLING AGREEMENT
FOR ON-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.).
- DNA High Sensitivity Chip fee - $51.00/chip.
- DNA 1000 Chip fee - $31.00/chip.
- DNA 7500 Chip fee - $31.00/chip.
- RNA Nano 6000 Chip fee - $31.00/chip.
- RNA Pico 6000 Chip fee - $31.00/chip.
- Labor (~1/2 hour/ chip) - $35.15/hour.

Users need to bring their own pipets and pipet tips; pipets required are P1000, P20 and P10 (or P2). 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. GTF computers are equipped with CD/DVD burners and are compatible with most flash drives. 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
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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 ________________