Users of Custom Library Preparation services are required to provide billing information and signature of Principal Investigator when applicable. Invoices will be sent out on a monthly basis and will include charges as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fusion Library Preparation (consumables and labor)</td>
<td>$503.00</td>
</tr>
<tr>
<td>Fusion Primers (for Fusion library, 2 forward &amp; 2 reverse per target)</td>
<td>~$12.00</td>
</tr>
<tr>
<td>Amplicon Ligation Library Preparation (consumables and labor)</td>
<td>$374.00</td>
</tr>
<tr>
<td>Ion Shear Library Preparation (consumables and labor)</td>
<td>$426.00</td>
</tr>
<tr>
<td>TruSeq DNA (labor, 1-8 samples)</td>
<td>$165.00</td>
</tr>
<tr>
<td>TruSeq DNA (labor, 9-96 samples)</td>
<td>$329.00</td>
</tr>
<tr>
<td>TruSeq DNA (consumables per sample)</td>
<td>$73.00</td>
</tr>
<tr>
<td>Library Quantification (labor and Bioanalyzer chip, per set of 1-11 samples)</td>
<td>$78.00</td>
</tr>
<tr>
<td>Library Quantification (labor, KAPA kit, per library)</td>
<td>$52.00</td>
</tr>
</tbody>
</table>

*Fees are based on equipment expense, administrative fee, and supply costs. Rates are subject to change based on increases/decreases in those costs.
* Additional labor will be charged at a rate of $36.54 per hour.
* Please contact GTF staff for DNA requirements.

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](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
GENOMIC TECHNOLOGIES FACILITY: Custom Library Preparation USER/BILLING AGREEMENT FOR OFF-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 Principal Investigator ______________________________________________

Dept./Program ____________________________________________________________

Email Address _____________________________________________________________

Phone ________________________________

Payment Method: Purchase Order _____ Check _____

Billing Address/Send Bills to: ________________________________________________

________________________________________________

________________________________________________

________________________________________________

Signature __________________________ Date __________________