

GENOMIC TECHNOLOGIES FACILITY: Custom Library Preparation USER/BILLING AGREEMENT FOR OFF-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, 515-294-7491 (phone). THIS USER AGREEMENT MUST BE RECEIVED BEFORE ANY BILLABLE SERVICES WILL BE PROVIDED.

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:

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

*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>.

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 Principal Investigator _____

Dept./Program _____

Email Address _____

Phone _____

Payment Method: Purchase Order _____ Check _____

Billing Address/Send Bills to: _____

Signature _____ Date _____