GENOMIC TECHNOLOGIES FACILITY:
Illumina MiSeq Sequencing USER/BILLING AGREEMENT
FOR CERTIFIED 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 gtf@iastate.edu, 515-294-7491 (phone). THIS USER AGREEMENT MUST BE RECEIVED BEFORE ANY BILLABLE SERVICES WILL BE PROVIDED.

Users of Illumina MiSeq Sequencing services are required to provide billing information and signature of Principle 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>MiSeq 50 Cycle Sequencing Experiment (flowcell and consumables)</td>
<td>$803.00</td>
</tr>
<tr>
<td>MiSeq 150 Cycle Sequencing Experiment (flowcell and consumables)</td>
<td>$895.00</td>
</tr>
<tr>
<td>MiSeq 300 Cycle Sequencing Experiment (flowcell and consumables)</td>
<td>$1,007.00</td>
</tr>
<tr>
<td>MiSeq 500 Cycle Sequencing Experiment (flowcell and consumables)</td>
<td>$1,116.00</td>
</tr>
<tr>
<td>MiSeq 600 Cycle Sequencing Experiment (flowcell and consumables)</td>
<td>$1,482.00</td>
</tr>
<tr>
<td>Required Training (per hour)</td>
<td>$35.15</td>
</tr>
<tr>
<td>Technical assistance and consultation (per hour)</td>
<td>$35.13</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.

*Fees do not include custom library preparation for sequencing. Please contact GTF staff for library requirements.

*Users will be required to undergo training before certification. Certified users accept liability for all experiments and abnormal equipment breakage.

* GTF strives to provide high quality services and to achieve customer satisfaction. We want to ensure our clients that we are here to provide our best services. As a non-profit service center, we provide service at minimum operation costs. In the event of poor quality results, we will work with our clients to determine what the possible causes may be. If the cause(s) is from operation at GTF (i.e. software or equipment malfunctions), GTF will cover 100% of the cost of the failed portion of the experiment. If the cause(s) is from the client-submitted samples (i.e. low concentration or poor quality of samples) or incorrect operation, the customer will be charged for the failed run. If a cause cannot be determined, GTF and the customer will split the cost equally. Please contact us if you have any questions or need additional information.

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 sequencing data must be downloaded within 60 days of data being posted. The GTF recommends keeping a backup copy of all your sequencing data. The GTF will not retain data longer than 60 days due to the large size of the files.

☐ 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:
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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 ______________________________________________________________________

Account: __________________________________________________________________

Billing Address/Send Bills to: ________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature ____________________________ Date ____________________________