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:

- μPlate Quantification (per 96 samples; including labor, consumables) - $17.50
- 96 Well Plate Quantification (per 96 samples; including labor, consumables) - $36.00
- Fluorescent Quantification (per 96 samples; including labor, consumables) - $67.00
- Technical assistance and consultation - $35.15/hour (rounded to the nearest ¼ hr.).
- Labor - $35.15/hour.

Users will be billed for labor and consumables. Data will be provided as an Excel sheet. 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
GENOMIC TECHNOLOGIES FACILITY: Plate Reader USER/BILLING AGREEMENT FOR ON-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 ________________