GENOMIC TECHNOLOGIES FACILITY:
Plate Reader USER/BILLING AGREEMENT
FOR CERTIFIED CAMPUS USERS

Please fill out completely, and email, fax or mail to:

Genomic Technologies Facility Manager  Questions about the form may be directed to GTF
2025 Roy J. Carver Co-Laboratory  staff at gtfstaff@iastate.edu or 515-294-7491
Center for Plant Genomics
Iowa State University
Ames, Iowa 50011-3650
515-294-5256 (fax)

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.).
• 1 hour of training required before new users use the instrument - $35.15/hour

Users are required to use their own consumables. Users will be billed for labor and consumables in the
event that GTF staff is required to assist in data preparation. 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
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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 ______________________