

### GENOMIC TECHNOLOGIES FACILITY: RNA Extraction (Qiagen RNeasy) USER/BILLING AGREEMENT FOR ON-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](mailto:gtfstaff@iastate.edu), 515-294-7491 (phone). THIS USER AGREEMENT MUST BE RECEIVED BEFORE ANY BILLABLE SERVICES WILL BE PROVIDED.

Users of RNA Extraction 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:

<u>Item</u>	<u>Fee</u>
Extraction Labor (per set of 1-24 samples, 3hrs)	\$132.00
Consumables (per sample)	\$8.10
Frozen Sample Handling (per set of 1-24 samples)	\$37.00

- \*Fees are based on equipment expense, administrative fee, and supply costs. Rates are subject to change based on increases/decreases in those costs.
- \* The minimum number of samples required for this service is 12.
- \* The minimum labor charge is \$132.00, any additional labor will be charged at a rate of \$35.15 per hour.
- \* RNA requirement: 500mg powdered tissue, should be kept frozen during transportation to GTF.

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

RNA extraction is suitable for Reverse Transcription PCR. When the required amount of RNA is extracted, typical results range from 25-65ug Total RNA depending on the plant species as listed in the Qiagen RNeasy Mini Handbook.

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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 Address/Send Bills to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_