

## LASER CAPTURE MICRODISSECTION (LCM) PALM USER/BILLING AGREEMENT FOR CAMPUS USERS

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

Hailing Jin  
Microarray Facility Manager  
Center for Plant Genomics  
Iowa State University  
Ames, Iowa 50011-3650

Questions about the form may be directed to Hailing at hljin@iastate.edu, 515-294-7491 (phone), or 515-294-5256 (fax). THIS USER AGREEMENT MUST BE RECEIVED BEFORE ANY BILLABLE SERVICES WILL BE PROVIDED.

Users of LCM/PALM equipment and services are required to provide an account number to which LCM/PALM facility charges will be billed. Each user must provide the information below, and must obtain the approval (as indicated by signature) of his/her supervisor/major professor. Bills will be sent out on a monthly basis and will include charges as follows:

- Labor (Facility) - \$23.00/hour (rounded to the nearest ¼ hr.). Includes training and consulting.
- Usage fee (outside of training) - \$20.00/hour. Covers the cost to maintain and service the equipment.

Users accept liability for abnormal equipment breakage. A qualified technician will check the user in before usage and assist the user in signing out prior to the user's departure. The technician and user will inspect the machine for irregular wear and tear during the sign out process.

**By signing below I indicate that I understand and agree to abide by the above billing procedure**

_____ Name of User	_____ Dept./Program	_____ Account No.
_____ Email Address of User		_____ Billing Address Send Bills to:
_____ Signature of user	_____ Date	_____
_____ Name of Supervisor/Major Prof.	_____ Dept./Program	_____
_____ Email Address of Supervisor/Major Prof.		_____
_____ Signature of Supervisor/Major Prof.	_____ Date	_____