IOWA STATE UNIVERSITY
Plant Sciences Institute

Center for Plant Genomics
2035C Roy J. Carver Co-Laboratory
Iowa State University
Ames, Iowa 50011-3650
515 294-7209
FAX 515 294-5256

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

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

Genomic Technologies
Facility Manager
Center for Plant Genomics
Iowa State University
Ames, Iowa 50011-3650

Questions about the form may be directed to GTF staff at gtf@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:

- Technical assistance and consultation - $33.5/hour (rounded to the nearest ¼ hr.).
- Instrument cost - $20.00/hour. Covers the cost to maintain and service the equipment. The bill is charged according to instrument login and logout time.
- 2hrs of mandatory training required before using the instrument - $53.5/hour (Labor + Instrument cost).

We strongly suggest scheduling a consultation meeting before new users start their projects using the instrument. 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.

_____ Billing Address
Email Address of User 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 _____