

**GENOMIC TECHNOLOGIES FACILITY:
Blue Pippin USER/BILLING AGREEMENT
FOR CERTIFIED ON-CAMPUS USERS**

Please fill out completely, and email or mail to:

Genomic Technologies Facility Manager
2025 Roy J. Carver Co-Laboratory
1111 WOI Rd.
Iowa State University
Ames, Iowa 50011-1085

Questions about the form may be directed to GTF staff at gtfstaff@iastate.edu. THIS USER AGREEMENT MUST BE RECEIVED BEFORE ANY BILLABLE SERVICES WILL BE PROVIDED.

Users of equipment 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 - \$52.07/hour (rounded to the nearest ¼ hr.).
- 1.5% or 2% gel cassette + consumables - \$77.50
- 1 hour of training required before new users use the instrument - \$52.07/hour.

Users need to bring their own pipets, pipet tips (pipets required are P200, P20) and tubes. Users accept liability for abnormal equipment breakage. Users will be billed for cassette usage. Reservation of the instrument can be made using the facility's online scheduler. The user name and password needed to do this are provided after submission the approval of a user agreement. Users are responsible for backing up data. GTF computers are compatible with most flash drives. 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 _____

Worktag: _____

Department Detail (DD): _____ Assignee: _____

Billing Contact Person: _____

Billing Address: _____

Signature _____ Date _____