

GENOMIC TECHNOLOGIES FACILITY: DNA Extraction (Qiagen DNeasy) 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, 515-294-7491 (phone). THIS USER AGREEMENT MUST BE RECEIVED BEFORE ANY BILLABLE SERVICES WILL BE PROVIDED.

Users of DNA 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)	\$154.00
Consumables (per sample)	\$6.20
Frozen Sample Handling (per set of 1-24 samples)	\$21.30

- *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 \$154.00, any additional labor will be charged at a rate of \$35.13 per hour.
- * DNA 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

DNA extraction is suitable for Sequenom genotyping, Single SNP genotyping, Next Generation Sequencing. When the required amount of DNA is extracted, typical results range from 2-30ug DNA depending on the plant species as listed in the Qiagen DNeasy Plant 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 _____