IOWA STATE UNIVERSITY
Plant Sciences Institute

Genomic Technologies Facility
2035C Roy J. Carver Co-Laboratory
Iowa State University
Ames, Iowa 50011-3650
515 294-7209
FAX 515 294-5256

GENOMIC TECHNOLOGIES FACILITY: Single SNP Genotyping 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 or 515-294-7491 (phone). THIS USER AGREEMENT MUST BE RECEIVED BEFORE ANY BILLABLE SERVICES WILL BE PROVIDED.

Users of Single SNP genotyping 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:

Item	Fee
Single SNP genotyping / reaction (Reagents and labor are included)	$0.31/data point
Initial consultation	$37.00
Primers (~100bp per SNP)	$25.00
SNP assay Optimization (per SNP)	$33.00

*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 384 (1 plate). If the number of samples submitted is less than 384, a fixed cost ($118.24, equal to 384 samples) will be charged to the user.
* DNA requirement: Concentration 10ng/ul – 50ng/ul, 2.5ul per well
* Control DNA for Optimization: Submit 30uL of two parental lines of approximately equal concentrations (between 10-50ng/uL) and a 30uL 1:1 mixture of the two parental lines to serve as a heterozygous control.
Would you like to have any remaining DNA samples and primers returned to you?
_____Yes, please include FedEx Account Number: _____
Address: _____
_____
_____
_____No (Your samples and primers will be disposed of 60 days after data are return to you.)

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 _____

Billing Account No. _____

Billing Contact person:_____

Billing Address:_____

_____

_____

Signature _____ Date _____