

**GENOMIC TECHNOLOGIES FACILITY:  
EpMotion USER/BILLING AGREEMENT  
FOR CERTIFIED 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](mailto: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:

- Consumables (1 Box epTIPs) - \$24.20
- Technical assistance and consultation - \$35.15/hour (rounded to the nearest ¼ hr.).
- 1 hour of training required before new users use the instrument - \$35.15/hour.

Users accept liability for abnormal equipment breakage. Users will be billed for tips used. 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. Fees are dependent upon 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: \_\_\_\_\_

IOWA STATE UNIVERSITY  
Plant Sciences Institute

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Signature \_\_\_\_\_ Date \_\_\_\_\_