



FEE FOR SERVICE APPLICATION

[For use by external non-profit user]

Billing Information

Entity Name: _____

Billing Address: _____

Phone #: _____ Fax #: _____

Billing Contact Name: _____

Billing Contact email: _____ PO #: _____

Fee For Service Cloning Agreement

Please complete this section if you will have the GDEC perform fee-for-service cloning.

Rice University GDEC employee will perform fee-for-service cloning on behalf of _____

Requester name

who is employed by _____.

Entity name

Fee for Service Equipment Use Agreement

Please complete this section if you will be using GDEC equipment with assisted use.

Rice University GDEC employee will be operating the following instrument(s): _____

GDEC will operate the indicated instrument(s) on behalf _____

Requester name

who is employed by _____.

Entity name

Statement of work: Please briefly describe the project including host organisms used or plasmids being created, if applicable. This helps us monitor environmental health and safety risks introduced to the GDEC from outside users.

Please acknowledge our safety regulations: I understand that the GDEC facility is currently equipped for BSL1 organisms only and I will not introduce organisms to the lab that require BSL2 containment. _____

Requester initials

Signature

By signing this form, User and User's Employer acknowledge that payment is due upon demand as set forth in the Fee for Service Agreement. Any billing questions may be directed to Meri Dix, Rice University, at meri.c.dix@rice.edu.

PI Signature: _____

Print name: _____

Date: _____