

## BILLING AUTHORIZATION

### SCCC Flow Cytometry Shared Resource

RMSB 7147 (R-127), (305) 243-5571

Month/Year of Services rendered: \_\_\_\_\_  
Principal Investigator/Laboratory: \_\_\_\_\_  
Department/Center: \_\_\_\_\_  
Billing Account(s): \_\_\_\_\_  
Notes: \_\_\_\_\_

*(If using multiple accounts please specify percentage allocation from each account. Please describe any other billing preferences, such as specific account # for individual users within the same laboratory, etc...)*

#### **Shared Resource Services**

Instruments	Base Rate per hour*	Estimated Usage	Estimated Costs
Analyzer – FACS Canto II	\$66.00		
Analyzer – LSR II	\$83.00		
Analyzer – LSR-Fortessa	\$100.00		
Analyzer – Cytex Aurora	\$120.00		
Sorter – FACS Aria II (BSL-1)	\$115.00		
Sorter – FACS Aria IIu (BSL-2)	\$115.00		
Sorter – FACS Aria Fusion (BSL-2)	\$115.00		
CyTOF – Helios**	\$140.00		
CyTOF – Hyperion**	\$70.00		
<i>*Some services are subject to a subsidy</i>			
<i>**Service subject to \$50.00 instrument setup fee per reservation</i>			
Other Services	Flat Rate	Estimated Requests	Estimated Costs
Metal Conjugation (antibody not included)	\$336.38 each		
Labeling Kit (single metal reaction)	\$121.38 each		
Astrolabe Diagnostics, Inc.	\$50.00 per sample		
Software – University site license (New Purchase or Annual Renewal)	Flat Rate		
FlowJo	\$270.00 per computer		
FCS Express Flow Cytometry	\$234.00 per login		
FCS Express Plus (Flow + Image)	\$552.00 per login		
FCS Express Advanced Multicycle	\$50.00 per login		
<b>Total:</b>			

This Billing Authorization form serves as an acknowledgement, by the User (Principal Investigator/Laboratory), of the services and rates provided by the SCCC Flow Cytometry Shared Resource and authorizes the shared resource to invoice the designated account(s) for these services, rendered within the calendar month.

Services and rates stated in this form are valid and will be honored for all services rendered within a calendar month. A new Billing Authorization form, with up-to-date services and rates, must be submitted at the beginning of each month.

No services will be rendered without receipt of a signed Billing Authorization form.

**The User agrees to acknowledge the Sylvester Comprehensive Cancer Center’s Flow Cytometry Shared Resource in any future publications, poster presentations and seminars related to the services contained in the Billing Authorization form.**

To accept the terms of this Billing Authorization form and any quoted rates, sign here and return to the Flow Cytometry Shared Resource.

\_\_\_\_\_  
Principal Investigator or Authorizing Account signature

\_\_\_\_\_  
Departmental Account Manager/Secondary signature (if necessary)