

BMS ScanScope Suite – New User Form

Principal Investigator: _____ NetID: _____

Department: _____

Campus Address: _____

Date: _____

ScanScope Type check one or both: Brightfield Fluorescence

User List (The first contact will be used as the lab's primary contact person. List all of the lab members who wish to access the ScanScope)

Name	NetID	Cornell ID Number

Cornell Account to be billed: _____

Financial Services Rep: _____ NetID: _____

Training sessions will be invoiced at \$120.00 per session

Use of the Scanscope will be invoiced as follows (one hour minimum per session):

		BMS	Cornell	Outside Cornell
ScanScope CS2 or FL	per hr	\$10	\$40	\$100

Data storage will be invoiced at the end of the month at \$0.07/GB.

Return this form to: Marco Hiller BMS, VRT, TB004 mh2247@cornell.edu

Administrative Use

System: _____	1 st Training: _____	Date: _____		
Notes: _____				
System: _____	2 nd Training: _____	Date: _____		
Notes: _____				
Calendar <input type="checkbox"/>	File Share <input type="checkbox"/>	Card Reader <input type="checkbox"/>	eList <input type="checkbox"/>	eSM <input type="checkbox"/>