BMS ScanScope Suite – User Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Principal Investigator | - | NetID: | Click here to enter text. | - | Click here to enter text. |

|  |  |
| --- | --- |
| Department: | Click here to enter text. |

|  |  |
| --- | --- |
| Campus Address: | Click here to enter text. |

|  |  |
| --- | --- |
| Date: | Click here to enter text. |

|  |  |
| --- | --- |
| ScanScope Type check one or both | Bright field 🞏 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 |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| Cornell Account to be billed: | Click here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Financial Services Rep | - | NetID: | Click here to enter text. | - | Click here to enter text. |

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:

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 Biomedical Sciences

 TB 004

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