

Request for Services Rendered by the Chemical Genomics Core Facility

P.I.:

Account No.:

User:

Phone:

Email:

Project Title:

For Medicinal Chemistry

Pricing valid from 07/01/2016

Equipment for Unassisted Use*

Vendor	Equipment Description	Unit of Measure	Rate
Bio Tek	Precision Liquid Handler	Per Hour	\$30.00
Bio Tek	Multidrop 384 (Avg.) Incl.	Per Hour	\$20.00
Molecular Devices	M5 Plate Reader		\$35.00
Molecular Devices	SpectraMax384 Plate Reader		\$20.00
Perkin Elmer	Envision Multilabel Reader w/ accessories		\$30.00
Perkin Elmer	VictorLight Luminescence Plate Reader		\$30.00
Agilent	PlateLoc Plate Sealer	Per Hour	\$20.00
Abgene	ALPS Plate Sealer	Per Hour	\$20.00
Thermo-fisher	Cell Culture Hood	Per Hour	\$20.00
Thermo-fisher	Cell culture Incubators	Per Hour	\$10.00
Agilent Analytical LC-MS		Per Hour	\$12.70
Agilent Preparative LC-MS		Per Hour	\$13.66
Waters Preparation HPLC		Per Hour	\$9.90
Waters Analytical HPLC		Per Hour	\$0.40
Biotage Microwave Reactor		Per Hour	\$2.59
NMR		Per Hour	\$16.93
Consulting/Training for Equipment use		Per Service	\$40.00

*Will incur 1 hour consultation/training fee for proper use of equipment 1st time of use

Equipment for Assisted Use

Vendor	Equipment	Unit of Measure	Rate
Tecan	Freedom EVO, 150	Per Hour	\$80.00
Tecan	Freedom EVO, 100	Per Hour	\$80.00
GE (MicroCal)	iTC200	Per Hour	\$80.00
Agilent	BenchCel	Per Hour	\$40.00
Agilent Analytical LC-MS		Per Hour	\$52.70
Agilent Preparative LC-MS		Per Hour	\$53.66
Waters Preparation HPLC		Per Hour	\$49.90
Waters Analytical HPLC		Per Hour	\$40.40
Biotage Microwave Reactor		Per Hour	\$42.59
AAPTEC Peptide Synthesizer		Per Hour	On quote
NMR		Per Hour	\$56.93
Consulting/Training for equipment use		Per Service	\$40.00

Agilent	Vcode Barcode Printer	Per Hour	\$40.00
---------	-----------------------	----------	---------

Additional Consumables Fee

Consumable Labware	Unit of Measure	Rate
Compound order	Compound Purchase cost (per PO) plus one hour Lab time (\$42.17)	
384-Well Storage Plates	Per Item	\$4.02
96-well Round Bottom Plates (PS)	Per Item	\$1.47
96-well Round Bottom Plates (PP)	Per Item	\$1.93
384-Well Assay Plates, Clear	Per Item	\$5.83
384-Well Assay Plates, Black	Per Item	\$6.16
96-well Flat Bottom Plates	Per Item	\$1.93
Eppendorf Tube, 1.5mL	Per Item	\$0.03
Trough, 25mL (Reagent Basins)	Per Item	\$0.90
Trough, 250mL (EVO 150 Disposable Liners)	Per Item	\$1.14
Trough, 250mL (EVO 100 reusable reservoir)	Per Item	\$7.96
Pipette Tips (96)	Per box of tips	\$2.41
Tube, Conical 15ml	Per Item	\$0.53
Tube, Conical 50 ml	Per Item	\$0.72
Tube, Eppendorg 1.5 ml	Per Item	\$0.13
Sealing Film, Single Clear	Per Item	\$1.50
Sealing Film, Single Aluminum	Per Item	\$1.46
Platoloc sealing film (Aluminum thermal)	Per Item	\$0.44
OptiPlate 384 white	Per Item	\$4.56
ProxiPlate 384 white	Per Item	\$6.68
Blotting Media for pin tool	Per Item	\$1.04
Service Fee for Consulting	Per Service	\$40.00
Service Fee for Ordering Material	Per Service	\$40.00
Flushing Column, 10 g	Per Item	\$12.75
Flushing Column, 25 g	Per Item	\$19.50
Flushing Column, 50 g	Per Item	\$26.25
Flushing Column, 100 g	Per Item	\$48.50
Flushing Column, 340 g	Per Item	\$158.33
Reaction Vial, 0.2-0.5 mL	Per Item	\$6.90
Reaction Vial, 0.5- 2 mL	Per Item	\$4.10
Reaction Vial, 2-5 mL	Per Item	\$3.27
Reaction Vial, 10-20 mL	Per Item	\$8.84
Syringe Filter, 33mm	Per Item	\$1.87
Syringe Filter, 4mm	Per Item	\$1.35
Syringe, 1 mL	Per Item	\$0.12
Syringe, 3 mL	Per Item	\$0.09
Syringe, 5mL	Per Item	\$0.12
Syringe, 10 mL	Per Item	\$1.79
Syringe, 20mL	Per Item	\$0.27
Needles, 18G	Per Item	\$0.06
Needles, 25G	Per Item	\$0.08
LC-MS Sample Vial	Per Item	\$0.18
LC-MS Sample Vial Cap	Per Item	\$0.18
LC-MS Sample Vial Insert	Per Item	\$0.37
Abgene Sealing (Clear Thermal)	Per Item	\$0.25

ArrayScan High Content Imager

Services	Cost/Hour	Rate
Daytime use	\$46.88	\$46.88
Overnight use	\$18.75	\$18.75
Offline data analysis (unassisted)	\$12.76	\$12.76
Offline data analysis (assisted)	\$85.00	\$85.00

External users are charged a different rate, so please contact us for pricing information.

I, on behalf of my P.I. agree to pay for the requested services stated above. The payment will be charged through the above listed account. We will be notified by the CGCF staff if there are any changes. We understand that the CGCF is not liable for the materials that we bring to the facility.

Signature: _____ Date: _____