



ANNUAL AUTHORIZATION FORM

DATE	ANNUAL AUTHORIZATION NUMBER
CONTACT INFORMATION Laurie Kennedy; Yiping Liu Phone: (403) 220-7502 Email: lkennedy@ucalgary.ca; yipliu@ucalgary.ca	
SERVICE CENTRE ACCOUNTING INFO 20/28350/-/-/RESRC/OP753035/00000	

SERVICE CENTRE NAME & ADDRESS
University of Calgary Flow Cytometry Services
HSC Rm B016
Faculty of Medicine
3330 Hospital Drive NW
Calgary, AB T2N 4N1

REQUESTOR NAME	
EMAIL ADDRESS	PHONE NUMBER

ANNUAL SERVICES DESCRIPTION Flow Cytometry services	MAXIMUM ANNUAL CHARGE NOT TO EXCEED \$ _____
	START DATE (DD/MM/YYYY) _____
	END DATE 30/06/20 _____
PRICE LIST / FEE SCHEDULE : see back of this form	
COMMENTS:	

PURCHASERS ON BEHALF OF THE PROJECT/ BUDGET OWNER			
NAME (Last, First)	COMMENTS	START DATE (DD/MM/YYYY)	END DATE (DD/MM/YYYY)
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		/ /	/ /
		/ /	/ /
		/ /	/ /

Accounting Information	Fund	Department ID	Program Code	Internal Code	Project Code	Activity Code

DECLARATION & AUTHORIZATION (to be signed by Budget/Project Owner or Delegate)

By signing this Authorization Form, I am certifying that I have reviewed the schedule of fees as supplied by the Service Centre. I agree to be charged for the use and/or consumption of these goods/services for the duration of this agreement at the rate(s) outlined in said schedule of fees, and that sufficient funds have been budgeted to cover the expenses. I authorize the individual(s) listed above to request goods/services provided by the Service Centre on my behalf and to charge such purchases against my project and/or Dept.ID as shown in the accounting information section above. These individuals do not supersede the current authority of the FSCM Delegates and are only limited to transact on my behalf on the specified dates for this particular Service Centre. Where applicable, I am attesting to the eligibility of these goods/services under the GRANTING AGENCY REGULATIONS and/or TERMS OF THE CONTRACT AGREEMENT and the general policies of the University. For items charged to a research project, I further confirm that these items are not related to teaching activities and will be used solely for the purposes of research and activities directly related to the research projects to which these purchases are being charged.

NAME (Please print)	SIGNATURE (to be signed by Budget/Project Owner or Delegate)
PHONE NUMBER	DATE

Fee Schedule for University of Calgary Flow Cytometry Services

Service	Fee
LSR A Flow Analysis - FofM/VET	\$70 per hour
LSR B Flow Analysis - FofM/VET	\$70 per hour
Data Analysis - FofM/VET	\$70 per hour
Sorting - F of M/VET	\$90 per hour
Sort setup -FofM/Vet	\$30 per hour
LSR B Flow Analysis - outside institute	\$140 per hour
LSR A Flow Analysis - outside institute	\$140 per hour
Data Analysis - outside institute	\$140 per hour
Sorting - outside institute	\$180 per hour
Sort setup -outside institute	\$50 per hour
Training	\$60 per hour
User Facility -Facscan	\$50 per hour
Tubes & CD's	\$2-\$5.00 per tube or CD
LSR A self operated	\$55 per hour
LSR A Flow Analysis - industry	\$210 per hour
LSR B Flow Analysis - industry	\$210 per hour
Data Analysis - industry	\$210 per hour
Sorting - industry	\$270 per hour
PI solution & Antibodies	\$5.00-\$25.00 per unit
User Facility -ATTUNE	\$50 per hour