



ANNUAL AUTHORIZATION FORM		DATE	ANNUAL AUTHORIZATION NUMBER
SERVICE CENTRE NAME & ADDRESS University of Calgary Flow Cytometry Services Cumming School of Medicine HSC B016, 3330 Hospital Drive NW Calgary, AB T2N 4N1		CONTACT INFORMATION Yiping Liu Phone: (403) 220-7502 yipliu@ucalgary.ca	
		SERVICE CENTRE ACCOUNTING INFO 10/28924/-/-/-/-/-	

PROJECT HOLDER NAME	PROJECT HOLDER LAST NAME
EMAIL ADDRESS	PHONE NUMBER

REQUESTOR OR LAB MANAGER NAME	REQUESTOR OR LAB MANAGER LAST NAME
EMAIL ADDRESS	PHONE NUMBER

ANNUAL SERVICES DESCRIPTION Flow Cytometry services	START DATE (DD/MM/YYYY) 01/07/2019
	END DATE 30/06/2020

PRICE LIST / FEE SCHEDULE : **information appended**

COMMENTS:

Project End Date:
REVIEW DATE:

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

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

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

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

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 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.

Flow Cytometry

Fee Descriptions	Fee
LSR Flow Analysis - FofM/VET	\$ 70.00
Data Analysis - FofM/VET	\$ 70.00
Sorting - F of M/VET	\$ 90.00
Sort setup -FofM/Vet	\$ 30.00
LSR Flow Analysis - outside institute	\$ 140.00
Data Analysis - outside institute	\$ 140.00
Sorting - outside institute	\$ 180.00
Sort setup -outside institute	\$ 50.00
Training	\$ 60.00
Sony sorter set up	\$45.00
Sony sorting	\$50.00
LSR self operated	\$55.00
User Facility -ATTUNE	\$50
LSR Flow Analysis - industry	\$ 210.00
Data Analysis - industry	\$ 210.00
Sorting - industry	\$ 270.00
PI solution , antibodies & comp beads	\$5.00/ul
Filter tubes , FACs tubes & filters	\$2.00/ea
CDs & DVD's	\$2.00/ea

***All Fees listed are per hour with the exception of the last three items as they are dependent on volume or number.**