

# 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 \$126.00 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	\$11	\$42	\$105

**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](mailto:mh2247@cornell.edu)

**Administrative Use**

System: _____	1 <sup>st</sup> Training: _____	Date: _____
Notes: _____		
System: _____	2 <sup>nd</sup> 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"/>	