

**Luminex Training Request Form**

<b>Name (Print)</b>	
<b>Email</b>	
<b>Phone Number</b>	
<b>Principal Investigator</b>	
<b>Account Number</b>	
<b>Administrator name</b>	
<b>Administrator Phone Number</b>	

**There is a \$100 fee for the initial required training on the BioPlex 200 (Luminex) located in 3-4118. The hourly fee for using the luminex is \$18. There also can be additional charges for negligence on the part of the user.**

**Policies on the website have been reviewed**  
**<http://www.urmc.rochester.edu/rhic/instruments/luminex.cfm>**  
**(Sign/Date)** \_\_\_\_\_

**Training Completed (Sign/Date)** \_\_\_\_\_

**Trainer Signature** \_\_\_\_\_

- Username and password assigned for calendar use
- 3-4100 access requested