

<b>Duke-NUS Insectary Facility</b> <i>Insectary Service Request Form.</i>	Prepared by:	Assist. Prof. Julien Pompon
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	Tel:	(65) 6601 5612
	Effective from:	01/01/2018

**Customer Information:**

PI Name:		PI Email:	
Department & Institute:			
Billing Address:			
Requestor Name:		Requestor's Phone:	
Requestor Email:			
Fund/Grant Code (NCC):		WBS Account (Duke-NUS):	
Approximate Date service required: (dd/mm/yyyy)			

**Service(s) Required & Price Information:**

Self-service (performed by PI trained staff)	Reared Adult mosquitoes (per 200)	Oral infection (per cage)	Sample collection and preparation (per cage)	RNA extraction (per cage)	qPCR (per cage)	Total (SGD)
Indicate number of cages (200 female mosquitoes / cage = 1 experimental condition)	__ x SGD100	__ x SGD150	__ x SGD200	__ x SGD250	__ x SGD500	
Full service (performed by insectary staff)	Reared Adult mosquitoes (per 200)	Oral infection (per cage)	Sample collection and preparation (per cage)	RNA extraction (per cage)	qPCR (per cage)	Total (SGD)
Indicate number of cages (200 female mosquitoes / cage = 1 experimental condition)	__ x SGD100	__ x SGD250	__ x SGD300 Plus dissection __ x SGD500	__ x SGD350	__ x SGD600	

**Confirmation of Order:**

I hereby declare that the information provided above is correct and that I have read and understood the terms and conditions for using the insectary facility.

\_\_\_\_\_

Insectary Facility Operator / Date

\_\_\_\_\_

Signature of PI / Date

**Acknowledgement of Services:**

Service Completion Date (dd/mm/yyyy):

I hereby acknowledged that the service has been completed.

\_\_\_\_\_

Insectary Facility Operator / Date

\_\_\_\_\_

Signature of Requestor / Date

**For Internal Reference Only:**

**Billing Information:**

Invoice Number/Date:

Verified By:

**Terms and conditions:**

1. Contact *Assist. Prof. Julien Pompon* at [Julien.pompon@duke-nus.edu.sg](mailto:Julien.pompon@duke-nus.edu.sg) to discuss the requirements and details of the service before filling this form.
2. Operation of the machine is strictly performed by the core facility operators or trained persons.
3. **Cancellation of service:** Requestors have to send a cancellation email to [Julien.pompon@duke-nus.edu.sg](mailto:Julien.pompon@duke-nus.edu.sg) as soon as possible. Once the service has been done, no cancellation is allowable.
4. Please notify *Assist. Prof. Julien Pompon* at **6601 5612** as soon as possible if there are changes to the details provided in the form.

**Biological hazards:**

5. All potentially biohazardous samples and protocols will have to be pre-approved by PI in charge.
6. Due to biosafety reasons **we will not perform:**
  - BSL3 infection of mosquitoes
  - Radioactive or radioactive labelled samples
  - Human samples
    - i. Undergoing a febrile illness of unknown origin
    - ii. Infected with HIV, HCV or any BSL3 pathogen
  - Mammalian / murine samples
    - i. Undergoing infections of unknown origin
    - ii. Non-human primate cells infected with Herpesvirus B or Simian Immunodeficiency Virus