**Domenici Hall Quanterix HD-X Analyzer Core  
Memo of Understanding**

Please complete this form for each project and e-mail to Faith Brandt at[**faithann@salud.unm.edu**](mailto:faithann@salud.unm.edu).

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| **Principal Investigator** | | |
| **Name** | Enter Name of the Principal Investigator | |
| **Department / Organization** | Enter Name of UNM Department or Organization | |
| **Mail Stop Code / Address** | Enter UNM MSC Code or Address for External Organizations | |
| **Phone Number** | 999-999-9999 | |
| **E-mail** | Enter Preferred Email Address | |
| **eRA Commons Name** | Enter eRA Commons Name | |
| **Protocol short name / IACUC # / HRRC #** | Enter Protocol short name / IACUC # / HRRC # | |
| **Project Title** | Enter Project Title | |
| **Project Start Date**  MM/DD/YYYY | **Project End Date**  MM/DD/YYYY | **Project Cost Estimate\***  Enter Cost Estimate |
| **Funding Source** | | |
| **Purchase Order** | n/a | |
| **Primary Study Index** | Enter UNM Index Number | |
| **Primary Funding Type** | Choose an item. | ***If other***, please specify here. |
| **Secondary Index**  (Over Expenditure Account) | Enter UNM Index Number | |
| **Secondary Funding Type** | Choose an item. | ***If other***, please specify here. |
| **Administrative Contact InFORMATION** | | |
| **Name:** Enter Name of Your Admininstrator | **Phone:** 999-999-9999 | **Email:** Click or tap here to enter text |
| **ACCOUNTing Contact InFORMATION** | | |
| **Name:** Enter Name of Your Accountant | **Phone:** 999-999-9999 | **Email:** Click or tap here to enter text. |
| **Name:** Enter Name of Your Technician | **Phone:** 999-999-9999 | **Email:** Click or tap here to enter text. |

\*see MGM MOU Addendum for project cost information.

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| **Project Information** | | | | |
| **Type of sample(s) to be used** | | Enter human/animal/cell culture | | |
| **Any known biohazardous elements?** | | List any of special concern (e.g., NHP B virus) | | |
| **Type and quantity of Quanterix assay kits to be used** | | Enter the name of the assay kits to be used | | |
| **Is the proposed kit validated for the samples to be used?** | | Yes  No | | |
| **Did you discuss the project with Ms.Sasha Hobson (Manager for the Quanterix) for the compatibility?   Email:** [sahobson@salud.unm.edu](mailto:sahobson@salud.unm.edu) | | Yes  No | | |
| **Have you been trained on the Quanterix HD-X machine?** | | Yes  No | | |
| **Assistance needed in setting-up the plate. If yes, you must provide plate layout to lab at least a day prior to using the machine.** | | Yes  No | | |
| **Are you buying your own cuvettes?** | | Yes  No | | |
| **Are you buying your own disks?** | | Yes  No | | |
| **If not, are you aware of additional fee associated with these supplies?** | | Yes  No | |  |
| **Did you agree to $150/h fee charge to every user towards service contract/warranty?** | | Yes  No | | |
| **Type of samples to be used** (check all that apply) | | | | |
| Plasma  Tears  Cell culture supernatant | Serum  Urine  Cell culture lysate | | Cerebrospinal fluid (CSF)  Whole blood  Tissue lysate  Others: If checked, specify here | |
| **Short Term Analysis**  (1 year or less) | | Yes  No | | |
| **Multi-Year Analyses** (Greater than 1 year) | | Yes  No | | |
| **Frequency of HD-X usage**  (Daily, weekly, monthly, etc.) | | Enter Frequency of Scan Time | | |

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| **Research Study SYNOPSIS FOR ANNUAL PROGRESS REPORTS** |
| ***Please provide a short study synopsis of the purpose of your Research Project (1-paragraph minimum). This information is needed for BBHI / MGM annual progress reports to NIH and HSC Office of Research.*** |
| Click or tap here to enter text. |

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| **Agreement** | |
| 1. This agreement is between Project Principal Investigator (PI) from UNM School of Medicine who is doing the experiment, and Department of Molecular Genetics & Microbiology (MGM)/Brain & Behavioral Health Institute (BBHI). 2. Domenici Hall Quanterix HD-X Analyzer Core is administered by MGM and BBHI manages the equipment. Quanterix HD-X Analyzer Core is primary funded by NIH RF1NS083704-05A1. 3. PIs are responsible to contact BBHI to extend their project date and/or make changes to this agreement. PIs are required to submit a new request for each project. 4. MGM-BBHI Quanterix Core utilizes electronic billing. The BBHI will provide a monthly invoice via email to the PI, listing itemized charges for services provided. Within 5 working days of issuing the itemized billing statement, a journal entry will be generated in Banner and the invoiced amount will be automatically withdrawn from the Banner index provided on this request. 5. For all publications and grant applications / awards that stem from this pilot award, please reference NIH RF1NS083704-05A1. | |
| **SIGNATURE** | |
| **I certify that I have read and understand the agreements in this MOU and my responsibility for reviewing invoices for Domenici Hall Core services and authorize payment based on this agreement.** | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please Enter Full Name, Credentials** Principal Investigator | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Kiran Bhaskar, PhD** BBHI Co-Director |
|  | Revision Date: 09.03.2021 |



**MGM MOU Addendum**

The disk packs run about $1,144.50 each and the buffer sets are $270.00 each based on rates from Spring 2023. *Disk packs and buffer set pricing constantly changing. Please refer to Quanterix website for current pricing.*

**Rate Schedule**

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|  | **Item** | **Rate per Run** | **Estimate Costs per Run** |
| 1 | Service fee (maintenance and usage\*) | UNM rate: $150/h x 2 h to run 1 kit  Non-UNM rate: $250/h x 2 h to run 1 kit | UNM: $300 per kit  Non-UNM: $500 per kit |
| 2 | Disk pack (plates, tips, disks, and cuvettes) | 1 disk pack is good for 4 kits | $1,144.50 per disk pack |
| 3 | Buffer sets | 1 buffer set is good for 4 kits | $270 per buffer set |
|  |  | **Sub-total** | $1,714.50 (UNM)  $1,914.50 (Non-UNM) |
| Note: Pricing for kits from Quanterix is not included and it depends on what kind of kits the investigator is interested in running. Please visit their website for details: <https://www.quanterix.com/simoa-assay-kits/>  \*Service fee for maintenance and usage is based on similar service offered at other universities. For examples, visit [UT Southwestern](https://www.utsouthwestern.edu/research/core-facilities/dna-microarray-core.html) and [UCLA-Health](https://www.uclahealth.org/pathology/iac-services). | | | |

Note: one Quanterix kit will allow for 96 tests in total. For a standard kit, there are 8 standards and 2 controls provided. It is recommended to run the standards, controls, and samples, at minimum, in duplicate. The standards and controls will account for 20 tests, and the samples will account for 76 tests.

Running everything in duplicate: (8 Standards X 2) + (2 Controls X 2) + (38 Samples X 2) = 96 Tests

If you are running less than 38 samples (not the entire plate) or do not plan to purchase supplies (disk pack and buffer sets), then the service fee is $15/sample (UNM) and $20/sample (non-UNM).

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| Kiran Bhaskar, PhD ([kbhaskar@salud.unm.edu](mailto:kbhaskar@salud.unm.edu) )  Gary Rosenberg, MD ([GRosenberg@salud.unm.edu](mailto:GRosenberg@salud.unm.edu) ) | POC to discuss scientific details of your project. |
| Ms. Sasha Hobson ([sahobson@salud.unm.edu](mailto:sahobson@salud.unm.edu) ) | POC to discuss technical details of Quanterix and assay kits as well as scheduling and running the kits |
| Ms. Faith Brandt ([FaithAnn@salud.unm.edu](mailto:FaithAnn@salud.unm.edu) ) | POC for administrative and accounting questions. Please contact Ms. Brandt with an index number to charge for the use of Quanterix. |

**By signing below, I certify that I have read and understand my responsibility for reviewing and authorize payment based on this MOU agreement.**

**PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**: MM/DD/YYYY

**PI Name (Printed)**: Enter full name here.