

This document outlines the steps for customers external to Purdue to create an iLab account. If you encounter errors during the registration process, please contact iLab at <a href="mailto:support@ilabsolutions.com">support@ilabsolutions.com</a>.

| Access iLab   |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Visit Purdue's iLab Solutions site.   | https://purdue.ilabsolutions.com/   |  |  |  |  |  |
| Click <b>here</b> under the <b>Not a</b><br><b>Purdue user?</b> .                   | Purdue user :         Click here to login or register using your institute login and password.         Not a Purdue user?         Click here to signup for an iLab account. |  |  |  |  |  |
| Start   |   |  |  |  |  |  |
| Complete all required fields mar  | ked with a red asterisk (*).  |  |  |  |  |  |
| Start Personal Information  | Group Associations Billing Information  |  |  |  |  |  |
| You are reques<br>Purdue Universit<br>* Please enter your institution email address | ting access to the<br>y's service centers.  |  |  |  |  |  |
| l'm not a robot   | DTCHA<br>- Terres   |  |  |  |  |  |
| I agree with iLab's privacy and security policies                                   |   |  |  |  |  |  |
|   | Cancel Continue   |  |  |  |  |  |
| Click the I'm not a robot link and security policies" box.                          | follow directions to verify, and then check the 'I agree with iLab's privacy and  |  |  |  |  |  |
| Personal Information  |   |  |  |  |  |  |
| Complete all required fields mar  | ked with a red asterisk (*).  |  |  |  |  |  |



| You are requesting access to the Durdue University's service centers.     * First Name     * I art Maine        * Done Number     * Tome Number     * I an affiliated with the following institution     * Please type the name of your institution     * What is your primary role at the above?     Please select a role     * Cancer     Table     * Cancer   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| First Name  Last Name  Last Name  Phone Number  I an affiliated with the following institution  Please type the name of your institution  Please type the name of your institution  Cancel Back Continue   |  |  |  |  |  |  |
| Last Name   Phone Number  I am affiliated with the following institution  Please type the name of your institution  Please type the name of your institution  Please type the above?  Please select a role  Cancel Back Continue   |  |  |  |  |  |  |
| Last Name  Phone Number  I am affiliated with the following institution  Please type the name of your institution  What is your primary role at the above?  Please select a role  Cancel Back Continue   |  |  |  |  |  |  |
| Phone Number  * I am affiliated with the following institution  * I am affiliated with the follo |  |  |  |  |  |  |
| I am affiliated with the following institution Please type the name of your institution     *      What is your primary role at the above? Please select a role     *  Cancel Back Continue  |  |  |  |  |  |  |
| * I am affiliated with the following institution Please type the name of your institution *  * What is your primary role at the above? Please select a role Cancel Back Continue   |  |  |  |  |  |  |
| *What is your primary role at the above?<br>Please select a role * Cancel Back Continue  |  |  |  |  |  |  |
| *What is your primary role at the above?       Please select a role     *       Cancel     Back       Continue   |  |  |  |  |  |  |
| Cancel Back Continue   |  |  |  |  |  |  |
| Cancel Back Continue   |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| Select from drop-down menu the institution for which you are affiliated, and your primary role.  |  |  |  |  |  |  |
| Group Associations   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Complete all required fields marked with a red asterisk (*).   |  |  |  |  |  |  |
| Start Personal Information Group Associations Billing Information  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| You are requesting access to the   |  |  |  |  |  |  |
| Purdue University's service centers.   |  |  |  |  |  |  |
| You have chosen to ore take a new institution and that no notifying provide<br>are a variable. They to taking any provide halters are strady<br>registered, please returns to the Personal information step and search for<br>your institution.  |  |  |  |  |  |  |
| * What lab or research group are you associated with?  |  |  |  |  |  |  |
| Create New Group. •<br>Hint: You can also search using your Pl or Manager Name   |  |  |  |  |  |  |
| * PI's First Name  |  |  |  |  |  |  |
| *PIX Last Name   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| * PI's Email Address   |  |  |  |  |  |  |
| Pris Phone Number  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| * Is these around the person in your lab who helps manage lab memberships, fund assignments<br>and spendig approval?   |  |  |  |  |  |  |
| *Your Group's Name   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Cancel Back Continue   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Select from the top drop-down menu the lab or research group for which you are affiliated.   |  |  |  |  |  |  |
| Billing Information  |  |  |  |  |  |  |
| Complete all required fields marked with a red asterisk (*).   |  |  |  |  |  |  |



| art      | > Personal Information               | Group Associations                                  | Billing Information           |
|----------|--------------------------------------|---|-------------------------------|
|          | You are red<br>Purdue Univ           | questing access to the<br>ersity's service centers. |                               |
| Billing  | information is required for core fa  | cilities to be able to charge when r                | necessary.                    |
| 🖌 🖌      | ssociate new billing address to my a | account   |                               |
| Billing  | Contact Name                         |   | + Institution /<br>Department |
| * Billin | g Address                            |   | + Address line                |
| * City   |                                      |   |                               |
| State /  | Province                             |   | + Country                     |
| * Zip /  | Postal Code                          |   |                               |
| A        | dd shipping address if different fro | m billing   |                               |
|          |                                      | Cancel  | Back Complete                 |
|          |                                      |   |                               |