



Advanced Biotechnology CORE Facilities

Name: _____

Date: _____

PI's Name: _____

E-mail Address: _____

Lab Room # (PSC, RSC, NSC, Kell or STA): _____

Panther Card #: 601708 _____

Lab Phone #: 404-413 _____

Cell Phone #: _____

Rm #	Equipment to be Used	Access
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PSC

543/555	Ultracentrifuges	<input type="checkbox"/>
637/659	UVP Imaging System	<input type="checkbox"/>
	Thermal Cycler	<input type="checkbox"/>
_____	Lyophilizer	<input type="checkbox"/>

539/659A	Film Developer	<input type="checkbox"/>
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PSC 545, 645 Autoclaves/Dishwashers ☐

NSC

338	Thermal Cycler	<input type="checkbox"/>
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460/488/368/340	Ultracentrifuges	<input type="checkbox"/>
	Thermal Cycler	<input type="checkbox"/>
	Centrifuge	<input type="checkbox"/>

460	Lyophilizer	<input type="checkbox"/>
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473	Film Developer	<input type="checkbox"/>
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NSC 336/484 Autoclaves/Dishwashers ☐

Video Pass Date:

Shaker

VacuFuge

UVP imaging system

Signature:

*As a member of the Research Faculty at Georgia State University, I understand that my **Department and I are responsible for any damage** that may occur as a result of the use (or misuse) of the core facility by the student/staff member (named above) and that we will recompense the core facility for any damage to equipment or facility that occurs as a consequence of this use.

PI's Signature:

Approved by Core Director / Dept. Chair:

Return to: Debby Walthall (PSC 519) along with a copy of your Panthercard (FRONT & BACK)

Authorization:

Training Date: _____

Security Date: _____

Introduction to Equip training Date:
