



Advanced Biotechnology CORE Facilities

Name: _____

Date: _____

PI's Name: _____

E-mail Address: _____

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

Panther Card No. 601708 _____

Lab Phone #: (404) 413 _____

Cell Phone #: _____

Location	Equipment to be Used	Access
PSC 539, 659A	Film Developer	<input type="checkbox"/>
NSC 473	Film Developer	<input type="checkbox"/>
Kell 439A	Film Developer	<input type="checkbox"/>

Signature: _____

PI's Signature*:

Approved by Director / Dept. Chair*:

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

Authorization:
