



# 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 |
|------|----------------------|--------|
|------|----------------------|--------|

NSC 448

Tissue Processor

☐

Microtome HM550

☐

Microtome Model 860

☐

Histocentre

☐

Rotating shaker

☐

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:

\_\_\_\_\_

