



# 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
----------	----------------------	--------

## Kell Hall

405

Shakers	<input type="checkbox"/>
Speed Vacuum	<input type="checkbox"/>
Biophotometer / Plus	<input type="checkbox"/>
Imaging system	<input type="checkbox"/>

Signature: \_\_\_\_\_

\*As a member of the Research Faculty at Georgia State University I understand that my **Department and I are ultimately responsible for any damage** that may occur as a result of the use (or misuse) of equipment in 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.

439B

Film Developer	<input type="checkbox"/>
----------------	--------------------------

PI's Signature\*:

Approved by Director / Dept. Chair\*:

445

Dishwasher	<input type="checkbox"/>
Autoclaves	<input type="checkbox"/>

445

Dishwasher	<input type="checkbox"/>
Autoclaves	<input type="checkbox"/>

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

Authorization: