



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 563 _____ | MD Plate Reader | <input type="checkbox"/> |
| PSC563 _____ | Enspire | <input type="checkbox"/> |
| PSC563 _____ | Victor Plate Reader | <input type="checkbox"/> |
| NSC338 _____ | Victor Plate Reader | <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.

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:
