



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
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PSC

543/555

UVP Imaging System
Ultra-Lum Imaging System
Omega Imaging System

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

PSC

637

UVP Imaging System
Limited Access

<input type="checkbox"/>

NSC

338/460

UVP Imaging System
Ultra-Lum Imaging System
Omega Imaging System

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

Kell Hall

405

UVP Imaging System
Ultra-Lum Imaging System
Omega Imaging System

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

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 equipment in the core facility by the student/staff member (named above).

PI's Signature*:

Approved by Director / Dept. Chair*:

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

Authorization:
