



Name: _____

Date: _____

PI's Name: _____

E-mail: _____

Lab Room # (PSC / NSC): _____

Panther Card #: 601708 _____

Lab Phone #: 404- 413 _____

Cell Phone # (if after hrs): _____

Rm # Equipment to be Used Access

Signature:

PSC

543/555 Ultracentrifuges
 637/659 UVP Imaging System
 Thermal Cycler
 Lyophilizer
 Shakers
 Centrifuge

PI's Signature*:

539/659A Film Developer

* 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.

545, 645 Autoclaves/Dishwashers

Approved by Dept. Chair / Core Director:

NSC

338 Thermal Cycler
 UVP Imaging System
 Ultracentrifuges

Return to: Sonja Young (PSC 519) along with a copy of your Panthercard (FRONT & BACK)

460/488/
 340/368 Ultracentrifuges

For Official Use ONLY

Authorization:

 Thermal Cycler
 Centrifuge
 UVP Imaging System
 Lyophilizer
 Shakers

Training Date: _____

473 Film Developer

Safety / Security Date: _____

336/484 Autoclaves/Dishwashers

Start Date: _____