



Name: _____

Date: _____

PI's Name: _____

E-mail: _____

Lab Room # (NSC): _____

Panther Card #: 601708 _____

Lab Phone #: 404- 413 _____

Cell Phone # (if after hrs): _____

Rm # Equipment to be Used Access

PSC

543/555
637/659

Ultracentrifuges
UVP Imaging System
Thermal Cycler
Lyophilizer
Shakers
Centrifuge

☐
☐
☐
☐
☐
☐

539/659A

Film Developer

☐

545, 645

Autoclaves/Dishwashers

☐

NSC

338

Thermal Cycler
UVP Imaging System
Ultracentrifuges

☐
☐
☐

460/488/
340/368

Ultracentrifuges
Thermal Cycler
Centrifuge
UVP Imaging System
Lyophilizer
Shakers

☐
☐
☐
☐
☐
☐

473

Film Developer

☐

336/484

Autoclaves/Dishwashers

☐

Video Pass Date: _____

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 Dept. Chair /Core Director:

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

Authorization:

Training Date: _____

Safety / Security Date: _____

Start Date: _____