



# Advanced Biotechnology CORE Facilities

Name: \_\_\_\_\_

Date: \_\_\_\_\_

PI's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Lab Room # (PSC, RSC, NSC, Kell or STA): \_\_\_\_\_

Panther Card #: 601708 \_\_\_\_\_

Lab Phone #: 404-413 \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Rm #	Equipment to be Used	Access
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445	<b>Kell</b> Autoclaves	<input type="checkbox"/>
	Dishwasher	<input type="checkbox"/>

405	Thermal Cycler	<input type="checkbox"/>
	Ultra Lum Imaging System	<input type="checkbox"/>
	Biophotometer	<input type="checkbox"/>
	Shakers	<input type="checkbox"/>

**Video Pass Date:**

Shaker \_\_\_\_\_

**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:**

\_\_\_\_\_

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

**Authorization:**

\_\_\_\_\_

**Training Date:** \_\_\_\_\_

**Security Date:** \_\_\_\_\_

**Introduction to Equip training Date:**

\_\_\_\_\_