



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
PSC559	MD plate reader	<input type="checkbox"/>
PSC559/NSC338	Victor plate reader	<input type="checkbox"/>
PSC559	Enspire plate reader	<input type="checkbox"/>
PSC559	Biomek plate reader	<input type="checkbox"/>
STA Equip #2	MD M2 plate reader	<input type="checkbox"/>

Use Fee for using the any of the plate reader:s
\$8.00/hour with a \$30.00/day cap.

Equipment Fee is subject to change without notice.

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 Core Director / Dept. Chair: _____

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

Authorization: _____

Training Date: _____

Security Date: _____

Introduction to Equip training Date: _____

