



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 551

CHEF DR II Pulse Wave

☐

Signature: _____

***As a member of the Research Faculty at Georgia State University I understand that my **Department and I are ultimately 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) 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 Director / Dept. Chair*:

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

Authorization:
