



# 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

543/637	Centrifuges, floor	<input type="checkbox"/>
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543/563	Centrifuges, Tabletop	<input type="checkbox"/>
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Signature: \_\_\_\_\_

### NSC

340/460	Centrifuges, floor	<input type="checkbox"/>
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338/448/488	Centrifuges, Tabletop	<input type="checkbox"/>
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\*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\*:

\_\_\_\_\_

### Kell Hall

405	Centrifuges, floor	<input type="checkbox"/>
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405	Centrifuges, Tabletop	<input type="checkbox"/>
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**Return to:** Debby Walthall (PSC 519) along with a scanned copy of your Panthercard (FRONT & BACK)

Authorization:

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