Advanced Biotechnology CORE Facilities

Name: _____   Date: _____

PI's Name: _____   E-mail Address: _____

Lab Room # (PPSC, RSC, NSC, Kell or STA): _____   Panther Card #:   601708 _____

Lab Phone #: 404-413 _____   Cell Phone #: _____

Rm #	Equipment to be Used	Access
PSC559	Enspire plate reader	☐

Use Fee for using the Enspire plate reader:
$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:

_____