



# 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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555	<b>PSC</b> Scintillation Counter	<input type="checkbox"/>
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488	<b>NSC</b> Scintillation Counter	<input type="checkbox"/>
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405	<b>Kell Hall</b> Scintillation Counter	<input type="checkbox"/>
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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 equipment in the core facility by the student/staff member (named above).

PI's Signature\*: \_\_\_\_\_

Approved by Director / Dept. Chair\*: \_\_\_\_\_

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

Authorization: \_\_\_\_\_