



# 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
543/555	<p style="text-align: center;"><b>PSC</b></p> UVP Imaging System Ultra-Lum Imaging System Omega Imaging System	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____		
637	<p style="text-align: center;"><b>PSC</b></p> UVP Imaging System Limited Access	<input type="checkbox"/>
_____		
338/460	<p style="text-align: center;"><b>NSC</b></p> UVP Imaging System Ultra-Lum Imaging System Omega Imaging System	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____		
405	<p style="text-align: center;"><b>Kell Hall</b></p> UVP Imaging System Ultra-Lum Imaging System Omega Imaging System	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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:**

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