



Name: _____

Date: _____

NSC, PSC or Kell/Room No.: _____

E-mail Address: _____

Cell Phone #: _____

Lab Phone #: _____

PI's Name: _____

Return to: Debby Walthall, PSC 519 with a copy
front and back of your Panthercard

Rm #	Equipment to be Used	Access
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NSC 484

Tissue Processor

Microtome HM550

Microtome Model 860

Histocentre

Rotating shaker

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Applicant Signature:

As a member of the Research Faculty in the Biology-
Department, 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).

PI's Signature:

Panther Card No. (# on front of Card)

601708_____

Authorization:
