



Physics/Chemistry/Neuroscience Institute/
Public Health/Nutrition Dept.

Name: _____

Date: _____

PSC, NSC 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
------	----------------------	--------

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"/>

*As a member of the Research Faculty in the Department/Institute of _____, I understand that my **Department/Institute 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:

Approval by Dept. Chair*:

Panther Card No. (# on front of Card)

601708_____

Authorization:

Applicant Signature:
