



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
PSC 535	FACSCanto	<input type="checkbox"/>

Equipment Use Fee for using the FACSCanto:

\$20.00/hour (in 15 min. increments)

Equipment Fee is subject to change without notice.

**Applicant Signature:**

\_\_\_\_\_

\*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 re-  
sult 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:**

\_\_\_\_\_