



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
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PSC563

Enspire plate reader

☐

**Applicant Signature:**

\_\_\_\_\_

Equipment Use Fee for using the plate reader:

\$6.00/run

Equipment Fee is subject to change without notice.

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:**

\_\_\_\_\_