



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
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PSC 563	MD Plate Reader	<input type="checkbox"/>
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NSC 338	Victor Plate Reader	<input type="checkbox"/>
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PSC 633	Victor Plate Reader	<input type="checkbox"/>
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PSC 563	Enspire Plate Reader	<input type="checkbox"/>
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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 result of the use (or misuse) of the core facility by the student/staff member (named above).

PI's Signature:

Approval by Dept. Chair*:

Equipment Use Fee for using the MD plate reader,
Enspire plate reader and Victor plate reader:
\$6.00/plate or \$6.00/hour

Equipment Fee is subject to change without notice.

Panther Card No. (# on front of Card)

601708_____

Authorization:
