Name: ________________________________
Name: ________________________________
Lab Room # (PSC, NSC or Kell): ________
Lab Phone #: (404) 413 ________

Location | Equipment to be Used | Access
----------|----------------------|--------
PSC 543/659  UVP Imaging system, No EtBr   □
NSC 460/338  UVP Imaging system, No EtBr   □
          ________
PSC 637  UVP Imaging system, EtBr   □
          ________
PSC 543  Ultra-Lum Imaging system, EtBr   □
NSC 338  Ultra-Lum Imaging system, EtBr   □
Kell 405  Ultra-Lum Imaging system, EtBr   □
          ________
Kell 405  Alpha Innotech System, EtBr   □

Date: ____________________________
E-mail Address: ____________________________
Panther Card No. 601708 ______________
Cell Phone #: ____________________________

Signature: ____________________________

*As a member of the Research Faculty at Georgia State University I understand that my Department and I are ultimately responsible for any damage that may occur as a result of the use (or misuse) of equipment in the core facility by the student/staff member (named above) and that we will recompense the core facility for any damage to equipment or facility that occurs as a consequence of this use.

PI's Signature*: ____________________________

Approved by Director / Dept. Chair*: ____________________________

Return to: Debby Walthall (PSC 519) along with a scanned copy of your Panthercard (FRONT & BACK)

Authorization: ____________________________