Name: ________________________________
PI's Name: ___________________________
Lab Room # (PSC, NSC or Kell): _________
Lab Phone #: (404) 413 _________

Location | Equipment to be Used | Access
----------|-----------------------|------
PSC 555   | Eppendorf BioSpectrometer | ☐

PSC 555   | Eppendorf Biophotometer Plus | ☐
NSC 338   | Eppendorf Biophotometer Plus | ☐
Kell 405  | Eppendorf Biophotometer | ☐

PSC 533   | NanoDrop | ☐
NSC 338   | NanoDrop | ☐

PSC 533   | Nanovue | ☐
PSC 633   | Implen Spectrophotometer | ☐

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: ___________________________________________