



# Advanced Biotechnology CORE Facilities

Name: \_\_\_\_\_

Date: \_\_\_\_\_

PI's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Lab Room # (PSC, RSC, NSC, Kell or STA): \_\_\_\_\_

Panther Card #: 601708 \_\_\_\_\_

Lab Phone #: 404-413 \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Rm #            Equipment to be Used    Access

**PSC 545/645**

Autoclaves              
Dishwashers        

**NSC 336/484**

Autoclaves              
Dishwashers        

**Kell 445**

Autoclaves              
Dishwashers        

**STA 129/140B**

Electric Autoclaves      
Dishwashers           

**Signature:**

\_\_\_\_\_

\*As a member of the Research Faculty at Georgia State University, 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) 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 Core Director / Dept. Chair:**

\_\_\_\_\_

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

**Authorization:**

\_\_\_\_\_

**Training Date:** \_\_\_\_\_

**Security Date:** \_\_\_\_\_

**Introduction to Equip training Date:**

\_\_\_\_\_

