



# Advanced Biotechnology CORE Facilities

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

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

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

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

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

Panther Card No. **601708** \_\_\_\_\_

Lab Phone #: (404) 413 \_\_\_\_\_

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

Location      Equipment to be Used      Access

**NSC**

336/484      Autoclaves     

                  Electric Autoclaves     

                  Sonicator     

                  Oven     

338      UVP Imaging system     

                  Thermal Cycler     

                  Speed Vacuum     

34<sup>o</sup>      Ultracentrifuges     

                  Shaker     

                  Centrifuge     

368      Shakers     

                  Thermal Cycler     

460/488      Ultracentrifuges     

                  Scintillation Counter     

                  UVP Imaging system     

                  Shakers     

                  Thermal Cycler     

                  Speed Vacuum     

                  Centrifuge     

                  Lyophilizer     

473      Film Developer     

**Kell Hall**

405      Ultracentrifuges     

                  Scintillation Counter     

                  Shakers     

                  Speed Vacuum     

                  Ultra-Lum Imaging     

405 cntd      Lyophilizer     

                  Alpha Innotech     

439B      Film Developer     

445      Autoclaves     

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 equipment in the core facility by the student/staff member (named above).**

PI's Signature\*: \_\_\_\_\_

**Approved by Director / Dept. Chair\*:** \_\_\_\_\_

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

Authorization: \_\_\_\_\_