



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

PSC

545 Autoclaves

 Electric Autoclaves

 Sonicator

 Oven

543/555 Ultracentrifuges

637/659 Scintillation Counter

 UVP imaging system

 Shaker

 Thermal Cyclers

 Speed Vacuum

 Lyophilizer

559 Thermal Cyclers

 Incubator

 Ultracentrifuges

539 Film Developer

NSC

484 Sonicator

338 Thermal Cyclers

 Speed Vacuum

 UVP imaging system

460/488 Ultracentrifuges

 UVP imaging system

Scintillation Counter

Shakers

Thermal Cyclers

Speed Vacuum

Centrifuge

Lyophilizer

473 Film Developer

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: _____