



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

| | | |
|---------|--------------------|--------------------------|
| 543/555 | Ultracentrifuges | <input type="checkbox"/> |
| 637/659 | UVP Imaging System | <input type="checkbox"/> |
| | Thermal Cycler | <input type="checkbox"/> |
| | Lyophilizer | <input type="checkbox"/> |
| | Shakers | <input type="checkbox"/> |
| | Centrifuge | <input type="checkbox"/> |

| | | |
|----------|----------------|--------------------------|
| 539/659A | Film Developer | <input type="checkbox"/> |
|----------|----------------|--------------------------|

PSC 545, 645 Autoclaves/Dishwashers

NSC

| | | |
|-----|--------------------|--------------------------|
| 338 | Thermal Cycler | <input type="checkbox"/> |
| | UVP Imaging System | <input type="checkbox"/> |
| | Ultracentrifuges | <input type="checkbox"/> |

| | | |
|-----------------|--------------------|--------------------------|
| 460/488/368/340 | Ultracentrifuges | <input type="checkbox"/> |
| | Thermal Cycler | <input type="checkbox"/> |
| | Centrifuge | <input type="checkbox"/> |
| | UVP Imaging System | <input type="checkbox"/> |
| | Lyophilizer | <input type="checkbox"/> |
| | Shakers | <input type="checkbox"/> |

| | | |
|-----|----------------|--------------------------|
| 473 | Film Developer | <input type="checkbox"/> |
|-----|----------------|--------------------------|

NSC 336/484 Autoclaves/Dishwashers

Video Pass Date:

Shaker
Vacufuge
UVP imaging system

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: Sonja Young (PSC 519) along with a copy of your Panthercard (FRONT & BACK)

Authorization:

Training Date: _____

Security Date: _____

Introduction to Equip training Date:
