Rm #                  Equipment to be Used      Access

PSC 533

Bioanalyzer

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: _________________________________