Name: ________________________________  Date: ________________

PI’s Name: ______________________________  E-mail Address: __________________

Lab Room # (PPSC, RSC, NSC, Kell or STA): __________  Panther Card #: 601708

Lab Phone #: 404-413 ____________________  Cell Phone #: ____________________

Rm #  Equipment to be Used  Access

PSC533

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

Authorization: ________________________________

Training Date: ________________

Security Date: ________________

Introduction to Equip training Date: ________________________________