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

PSC535, NSC338

Nexcelom Cellometer

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: