



# 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
543 / 555	<b>PSC</b> Centrifuges Table-Top Centrifuges Ultracentrifuges	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____		
338 / 460	<b>NSC</b> Table-Top Centrifuges Ultracentrifuges	<input type="checkbox"/> <input type="checkbox"/>
_____		
405	<b>Kell Hall</b> Ultracentrifuges	<input type="checkbox"/>

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:

\_\_\_\_\_