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 #: _______________________

<table>
<thead>
<tr>
<th>Rm #</th>
<th>Equipment to be Used</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSC543</td>
<td>Electroporator Gene Pulser Xcell</td>
<td>□</td>
</tr>
<tr>
<td>STA Equip #3</td>
<td>Electroporator Gene Pulser Xcell</td>
<td>□</td>
</tr>
</tbody>
</table>

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: _______________________
