Name: ________________________________
PI's Name: ____________________________
Lab Room # (PSC, NSC or Kell): _________
Lab Phone #: (404) 413 _________

Date: ____________________________
E-mail Address: ____________________________
Panther Card No. 601708 ________________
Cell Phone #: ____________________________

<table>
<thead>
<tr>
<th>Location</th>
<th>Equipment to be Used</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSC 559</td>
<td>Gene Pulser XCell</td>
<td></td>
</tr>
<tr>
<td>NSC 338</td>
<td>MicroPulser electroporator</td>
<td></td>
</tr>
<tr>
<td>Kell 405</td>
<td>MicroPulser electroporator</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 ultimately 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) 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 Director / Dept. Chair*:

Return to: Debby Walthall (PSC 519) along with a scanned copy of your Panthecard (FRONT & BACK)

Authorization: