Name: __________________________________________

PI’s Name: ______________________________________

Lab Room # (PSC, NSC or Kell): ________________

Lab Phone #:  404-413 _________________________

Date: __________________________

E-mail Address: _________________________

Panther Card #:  601708 _______________________

Cell Phone #: _________________________

PI’s Signature:

________________________________________

Signature:

________________________________________

*R 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:

______________________________

Flow Discussion Date: ________________

Diva Software Date: ________________

Fortessa/Canto Training Date: __________

Security Date: ________________

Introduction to Equip training Date:

______________________________