Name: ________________________________

PI's Name: __________________________

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

Lab Phone #: (404) 413 _______

Location	Equipment to be Used Access

PSC 563 GenePix 400B Scanner

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 Panthercard (FRONT & BACK)

Authorization:

____________________________________