**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>NSC 448</td>
<td>Histocentre</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Signature:**  
_______________________________

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*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:**  
_______________________________

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**Approved by Core Director / Dept. Chair:**  
_______________________________

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

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**Authorization:**  
_______________________________

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**Training Date:** ________________________________  
**Security Date:** ________________________________  
**Introduction to Equip training Date:**  
_______________________________