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>
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<tr>
<th>Rm #</th>
<th>Equipment to be Used</th>
<th>Access</th>
</tr>
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<tbody>
<tr>
<td>NSC 448</td>
<td>Histocentre</td>
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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: ________________________________