



# Advanced Biotechnology CORE Facilities

Name: \_\_\_\_\_

Date: \_\_\_\_\_

PI's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Lab Room # (PSC, NSC or Kell ): \_\_\_\_\_

Panther Card No. 601708 \_\_\_\_\_

Lab Phone #: (404) 413 \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Location	Equipment to be Used	Access
PSC 563	Tissue Processor	<input type="checkbox"/>
	Microtome HM550	<input type="checkbox"/>
	Microtome Model 860	<input type="checkbox"/>
	Histocentre	<input type="checkbox"/>
	Rotating shaker	<input type="checkbox"/>

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:

\_\_\_\_\_