**Name:** ____________________________  
**Date:** ____________________________

**PI's Name:** ____________________________  
**E-mail Address:** ____________________________

**Lab Room # (PSC, NSC or Kell):** ________

**Lab Phone #:** (404) 413 ________

**Panther Card No.** 601708 ________

**Cell Phone #:** ____________________________

<table>
<thead>
<tr>
<th>Location</th>
<th>Equipment to be Used</th>
<th>Access</th>
</tr>
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<tbody>
<tr>
<td>PSC 537, 563</td>
<td>IQTL</td>
<td>☐</td>
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| NSC 338/438    | IQTL                 | ☐      |

**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:** ____________________________