**Advanced Biotechnology**
**CORE Facilities**

<table>
<thead>
<tr>
<th>Location</th>
<th>Equipment to be Used</th>
<th>Access</th>
</tr>
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<tbody>
<tr>
<td>PSC 563</td>
<td>LAS 4000 mini</td>
<td></td>
</tr>
<tr>
<td>NSC 438</td>
<td>LAS 4000 mini</td>
<td></td>
</tr>
</tbody>
</table>

**Name:** ________________________________  
**Date:** ________________________________  
**E-mail Address:** ____________________________  
**PI's Name:** ____________________________  
**Lab Room # (PSC, NSC or Kell):** _________  
**Lab Phone #:** (404) 413 _________  
**Panther Card No.** 601708 _____________  
**Cell Phone #:** ____________________________

**Location** | **Equipment to be Used** | **Access**
---|---|---
PSC 563 | LAS 4000 mini | □
NSC 438 | LAS 4000 mini | □

**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:**

__________________________________________