Name: ______________________________
PI's Name: __________________________
Lab Room # (PSC, NSC or Kell): _______
Lab Phone #: (404) 413 _______

<table>
<thead>
<tr>
<th>Location</th>
<th>Equipment to be Used</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSC 543, 637</td>
<td>Lyophilizer</td>
<td>☐</td>
</tr>
<tr>
<td>NSC 460</td>
<td>Lyophilizer</td>
<td>☐</td>
</tr>
<tr>
<td>Kell 405</td>
<td>Lyophilizer</td>
<td>☐</td>
</tr>
</tbody>
</table>

Panther Card No. 601708 ______________
Cell Phone #: ______________

Date: __________________
E-mail Address: ________________________

*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 Panthertcard (FRONT & BACK)

Authorization: