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>
<thead>
<tr>
<th>Rm #</th>
<th>Equipment to be Used</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSC 555/637</td>
<td>Scintillation counter</td>
<td></td>
</tr>
<tr>
<td>NSC 488</td>
<td>Scintillation counter</td>
<td></td>
</tr>
<tr>
<td>Kell 405</td>
<td>Scintillation counter</td>
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</tr>
</tbody>
</table>

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:

_________________________________________________________