**Advanced Biotechnology CORE Facilities**

<table>
<thead>
<tr>
<th>Rm #</th>
<th>Equipment to be Used</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSC537</td>
<td>Simple Simon Western</td>
<td>☐</td>
</tr>
</tbody>
</table>

Name: ____________________________

PI’s Name: ____________________________

Lab Room # (PSC, RSC, NSC, Kell or STA): __________

Lab Phone #: 404-413 __________________________

Date: ____________________________

E-mail Address: ____________________________

Panther Card #: 601708 ____________________________

Cell Phone #: ____________________________

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: Debby Walthall (PSC 519) along with a copy of your Panthercard (FRONT & BACK)

Authorization: ____________________________

Training Date: ____________________________

Security Date: ____________________________

Introduction to Equip training Date: ____________________________